

KNOWLEDGE OF CONFIDENTIALITY AND PERCEPTION OF GROUP TRUST:
THE EFFECTS OF COUNSELORS' EXPLANATIONS, STUDENTS'
ROLE PLAYING, AND SUBJECTS' SEX AND RACE

BY

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL
OF THE UNIVERSITY OF FLORIDA IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

1984

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THIS PROJECT IS DEDICATED TO

. . . all children and adolescents who ever
have had or will have the opportunity to
receive counseling services;

. . . all counselors who provide such
services; and

. . . all professionals who teach, assist
and inspire these counselors.

ACKNOWLEDGEMENTS

This project was truly an exercise in field-based research, with major support for development, implementation and data analysis received through professionals in Orange County schools. Foremost, appreciation is extended to Ms. Juanita Borysewich, Director of Guidance, and Ms. Harriette Merhill, Coordinator, for acting as outstanding female role models in the field and for providing direction throughout the project. Dr. Wesley Blamick of the Department of Program Evaluation deserves special recognition for his generous donations of time, energy and expertise in computer-assisted data analysis. Thanks and a hat-tip go to Ms. Annie Williams for assisting in the tedious task of scoring responses, to Ms. Kathy Keating for reading the first drafts, and to Ms. Cindy Green for typing the final manuscript.

To the school counselors (Ron Duval, Debbie Griffin, Joyce Henry, Cathy Pope, Susan Stephens, Sonia Warner, Barry Weber and Mary Wyatt) and the sixth-grade classes who participated, I am truly indebted. To my supervisor, Dr. Kelland Livesay--who supported the efforts of a full-time employee/student--and to my friends and colleagues--who knew when to converse and when to give

space--I extend my gratitude. At the University of Central Florida, appreciation is extended to Dr. Bob Bollett and Dr. Lance Percy for demonstrating the essence of counseling technique; and to Dr. Jack McGuire and Dr. Hal Pringle for acting as consultants during different phases of this project.

Professors at the University of Florida deserve much credit for helping develop my competencies throughout the program. Thanks are extended to the following: Dr. Paul Fitzgerald for acting as my chairperson and fostering independence and flexibility; Dr. Hannelore Wass for generously giving empathy, honesty and expertise; Dr. Joe Wittmer and Dr. Larry Loesch for responding to individualized student needs; and Dr. Robert Myrick for providing sufficient challenge along the way.

Finally, heartfelt gratitude is extended to my family. I thank my parents for fostering the desire to learn and excell and for encouraging me as I did so. Most of all, my husband, Mike, deserves highest honors for his love and support. During the past several years, he has survived endless piles of papers and books and numerous ups-and-downs; throughout, he has demonstrated infinite patience--a quality that I am still developing.

TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS	iv
ABSTRACT	ix
CHAPTER	
I	
INTRODUCTION	1
Need for the Study	4
Purpose of the Study	6
Rationale of the Study	7
Research Questions	8
Definition of Terms	9
Organization of the Study	11
II	
REVIEW OF THE RELATED LITERATURE	13
Overview	13
Trust	14
Expressiveness and Self-Discovery	17
Counselors' Professionalism	20
Other Variables	21
Sex	21
Age	24
Ethnicity	25
Technology	27
Confidentiality	30
Ethical Standards	32
Privileged Communication	35
Case Records	38
Group Settings	42
Minor Clients	49
Ethical Standards	50
Legal Issues	54
Practice and Trends	59
School Counseling	63
Ethical and Legal Aspects	64
Confused Allegiance	69
Counselor Perceptions and Practices	74
Expectations and Explanations	79
Client Assumptions and Expectations	79
Counselor Explanations and Assurances	83
Summary of the Related Literature	91

	<u>Page</u>
III	METHODOLOGY 94
	Research Design 94
	Population 96
	Sampling Procedure 97
	Criterion Instruments 102
	Child Confidentiality Questionnaire 102
	Group Environment Scale 104
	Procedures 107
	Hypotheses 111
	Data Analysis 111
	Methodological Limitations 114
IV	RESULTS 118
	Group Environment Questionnaire 118
	Child Confidentiality Questionnaire 120
	Group Trust Questionnaire 123
V	DISCUSSION 126
	Summary 126
	Discussion of Results 128
	Group Environment Questionnaire 128
	Child Confidentiality Questionnaire 128
	Group Trust Questionnaire 132
	Conclusion 137
	Implications 141
	Recommendations for Further Research 145
	Summation 149
APPENDICES	
A	STUDENT LIST 151
B	CHILD CONFIDENTIALITY QUESTIONNAIRE 152
C	QUESTIONS BY AREA OF CONFIDENTIALITY 157
D	GROUP ENVIRONMENT QUESTIONNAIRE 160
E	GROUP TRUST QUESTIONNAIRE 162
F	TRAINING SESSION FOR COUNSELORS 164
G	PARENT PERMISSION FORM 166
H	GUIDANCE SESSION UNITS 167
I	CASE SITUATIONS FOR ROLE PLAYING 173
J	STANDARD INSTRUCTIONS FOR SUBJECTS 174

	<u>Page</u>
REFERENCES	176
BIOGRAPHICAL SKETCH	191

Abstract of Dissertation Presented to the Graduate School
of the University of Florida in Partial Fulfillment of the
Requirements for the Degree of Doctor of Philosophy

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By

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August 1984

Chairperson: Dr. Paul Fitzgerald
Major Department: Counselor Education

Despite the importance of trust and self-disclosure in counseling process and outcome, there is a paucity of research focusing on confidentiality with child-clients, particularly students. This study investigated the effects of school counselors' direct address of confidentiality on sixth-grade students' knowledge of confidentiality and perception of group trust. Small groups were arranged by dividing into thirds each of eight classrooms wherein a preexisting relationship had been developed with the counselor through classroom guidance. One group in each classroom had discussion of confidentiality (explanation-only group); a second group had discussion and role playing (explanation/role-playing group); and a third group served as a control, receiving

no exposure to confidentiality issues during their session. Pretreatment assessment of students showed the equivalence of their attitude toward other group members and the counselor.

After participating in group sessions, students answered questionnaires assessing knowledge of confidentiality (instrument based on professional ethical standards) and perception of group trust (instrument based on a scale of group environment). Results indicated that mean scores for the explanation/role-playing group were higher than the explanation-only group and that mean scores for the explanation-only group were higher than the control group. However, statistical significance was only shown between the explanation/role-playing group and the control group. With trust perception, the explanation-only group scored significantly lower than either the explanation/role-playing group or the control group. Overall, results suggest that an optimal method to address confidentiality is combining explanation and role play.

Students' sex and race were also investigated as independent variables. As a main effect, neither was identified as significantly related to overall initial attitude, knowledge of confidentiality or perception of trust. However, a number of two-way interactions for the variables of sex and experimental condition were

identified for the trust measure and its subscales, suggesting that the impact of subjects' sex may be highly situation specific. Additionally, for knowledge of confidentiality, in one specific subarea--counselors revealing client disclosures to family and friends--ethnic minorities scored significantly lower than nonminorities.

CHAPTER I

INTRODUCTION

More than three decades ago, Wrenn (1952) proposed ethical guidelines advocating confidentiality in the counseling relationship with children. He maintained that a child's trust in the counselor is as critical as that of an adult and that the child's integrity must be protected within the relationship. In his proposed guidelines, Wrenn suggested that parents' consent be obtained for treatment or referral but that before disclosing information given during counseling, the child's permission must first be obtained.

Since that time, various writers and professional organizations have taken stands all along the continuum regarding amount of confidentiality that should be afforded the minor client. Some question whether it is desirable, even possible, to maintain an attitude of strict confidentiality with adult clients in counseling but not with minor clients. Others contend that parents represent the child-client and thus should have full access to all disclosures. This diversity of opinion is greatly attributable to the fact that each therapist's perception is influenced by his/her personality structure and professional development (Lowental, 1974), as well as

ambiguity in the ethical codes of professional organizations (McGuire, 1974). Current principles of ethical standards of various helping professions directly address the issue of confidentiality, with some making a distinction between minors and other clients (e.g., American Psychological Association [APA], 1981) and some being considerably more vague, referring to all clients in general terms (e.g., American Association for Counseling and Development [AACD], 1981).

Within the public school setting, the issues regarding confidentiality and disclosure of personal information are even more complex. Allegiance to students, parents or institution as primary client is often a dilemma for school counselors. School counselors have geared their efforts toward advocacy of students (American School Counselors Association [ASCA], 1976), yet parental rights are also recognized and, further, some professionals maintain that as a public employee, the school counselor is responsible to teachers and administrators as well (Clar, 1967; Hart & Price, 1970; Szasz, 1967). Studies indicate that although counselors appear to have ambiguous or inconsistent perceptions regarding issues of confidentiality with students (Wagner, 1981), in actual practice, counselors and psychologists do maintain the confidentiality of communications of minors (Curran, 1969; Eisele, 1974; McRae, cited in Clar, 1967; McGuire, 1974; Wagner, 1981).

Why is confidentiality in counseling with students and other minor clients such a hotly debated issue? The reason is found in literature which consistently emphasizes trust and self-exploration as critical elements in the counseling process. Self-disclosure is a client behavior heavily dependent upon the client's perception of confidence and trust with the counselor. Effective counseling depends largely on the disclosure of highly private information, so that both counselor and client can have increased insight and understanding, ultimately leading to more effective functioning for the client. Most successful clients increasingly explore their problems as therapy progresses (Blau, 1953; Braaten, 1958; Egan, 1975; Seeman, 1949; Steele, 1948; Truax and Carkhuff, 1967; Wolfson, 1949), and the role of the therapist, in both traditional psychotherapy and contemporary counseling, has been to facilitate the self-exploration process. Nonetheless, the responsibility to protect clients' privacy and maintain the confidentiality of their communications is of increasing concern to counselors, with both ethical and legal implications. In addition to the ambiguity of professions' ethical standards, there are the complex and controversial issues of privileged communication as a legal statute and the status of student records.

Despite the numerous exhortations regarding the various issues, few actual studies have been done in the

area of child-client confidentiality. Those studies available show that counselors tend to respect the confidentiality of minors' communications. Suggestions have also been made that distinctions could be drawn between the rights and prerogatives of children according to psychological age or condition of the client (Ladd, 1971; Slovenko, 1966). If the counselor is expected to facilitate self-disclosure, and thus self-exploration, within an atmosphere of confidence and trust, school counselors must be cognizant of how they affect students in counseling. With all the furor as to what counselors should do or are indeed doing in relation to the issue of confidentiality, there remains the question of whether school counselors' direct address of the issue of confidentiality in counseling has any impact on students' knowledge and perceptions.

Need for the Study

The importance of trust and confidentiality has been emphasized as critical to outcome of counseling and psychotherapy by various writers (e.g., Egan, 1975; Ford & Urban, 1963; Jagim, Wittman & Noll, 1978; Morwer, 1968a, 1968b; Reynolds, 1976; Shah, 1969a, 1969b; Siegal, 1976; Truax and Carkhuff, 1965, 1967). Typically, clients implicitly expect confidentiality in the counseling relationship (Edelman & Snead, 1972; Meyer & Smith, 1977; Plaut, 1974; Woods, 1977), although

additional (fairly inconclusive) research suggests that variables such as sex (Graves, 1982; Kobocow et al., 1983; O'Kelly & Schuldt, 1981; Rosen, 1977; Singer, 1978) and race (Franco & Levine, 1981; Jourard & Lasakow, 1958; Dimond & Hellkamp, 1969) may significantly impact the amount of self-disclosure.

Most of the actual empirical attempts to assess the importance of confidentiality have been limited to samples of adults: therapists and counselors (e.g., Davis, 1980; Jagim et al., 1978; McGuire, 1974; Wagner, 1978, 1981); adults in counseling (e.g., Davis, 1980; Schmid et al., 1983); or adult subjects in surveys or analogue studies (e.g., Graves, 1982; Meyer & Smith, 1977; Woods, 1977). The importance attributed to confidentiality by minor clients has been relatively unexplored. Two studies which have focused on minors (Kobocow, McGuire & Blau, 1983; Messenger & McGuire, 1981) have been outside the realm of the public school setting and have been limited to individual client/counselor relationships. The area of group counseling with students remains a viable one for research, particularly in relation to counselors explicitly addressing confidentiality issues. Such is especially relevant in that some research (Messenger & McGuire, 1981) suggests that simple verbal explanations or assurances have less of an impact on the counseling relationship than a behavioral component.

Several needs were thus identified. Because of the importance of confidentiality and trust in the counseling relationship, the ethical and legal complexities involved in counseling at school, and school counselors' confused allegiance to students, parents, and institution, there was a need to determine if counselors' explanation of the issue of confidentiality actually impacted students' knowledge of this complex concept in a therapeutic relationship and/or their perception of group trust. Moreover, there was a need to determine if student involvement in the process further impacted such knowledge and perception. Finally, it appeared that variables of subjects' sex and subjects' race should be further explored in relation to confidentiality and trust.

Purpose of the Study

Confidentiality in counseling has been researched largely regarding personal perceptions of adults (mental health professionals, school personnel, adult subjects in studies). There is a paucity of research exploring the impact counselors have on minor clients' knowledge of confidentiality and perception of trust, specifically within the school setting. It was the purpose of this study to determine whether a guidance session directly addressing confidentiality would have an effect upon students' knowledge and perception. Specifically, this

investigation attempted to determine whether the independent variables of (1) counselors' instructions about confidentiality (specifically, ethical responsibility and limitations) and group members' role playing situations to reinforce this explanation, (2) subjects' sex and (3) subjects' race would have an effect upon the dependent variables of (1) sixth-grade students' knowledge of confidentiality in a counseling relationship and (2) their perception of group trust.

Rationale for the Study

This study utilized the field experiment format described by Kerlinger (1973) because its identified advantages included ability to test broad hypotheses, strength of the involved variables, and appropriateness for studying complex social processes. Moreover, Campbell and Stanley (1963) pointed out that the true experimental method is recommended in the methodological literature because sources of internal invalidity are more tightly controlled.

Additional advantages involved the normal school conditions under which this study was carried out. The treatment conditions were "conducted by regular staff of the schools concerned" (Campbell & Stanley, 1963, p. 21), and the research was designed to appear to participating students as an extension of structured classroom guidance units in which they have already participated. The

latter fact carried a most positive aspect: Students and counselors had established a working relationship prior to this study, so that the disadvantages of an analogue study (Woods, 1977) were greatly reduced. Finally, a large number of students were accessible, a number of representative schools could participate and external validity was greatly enhanced by use of the school setting.

Research Questions

The following research question were addressed in this study:

1. Do school counselors' verbal instructions about confidentiality (e.g., ethical responsibility and limitations) have an impact on students' knowledge of confidentiality?
2. Does the combination of school counselors' instructions about confidentiality and members' role playing situations related to this concept have an impact on students' knowledge of confidentiality?
3. Do students differ by sex (male/female) regarding their knowledge of confidentiality?
4. Do students differ by race (white/ethnic minority) regarding their knowledge of confidentiality?
5. Do school counselors' verbal instructions about confidentiality have an impact on students' perception of group trust?

6. Does the combination of school counselors' instructions about confidentiality and members' role playing situations related to this concept have an impact on students' perception of group trust?
7. Do students differ by sex regarding their perception of group trust?
8. Do students differ by race regarding their perception of group trust?

Definition of Terms

Some terms used in this study have been associated with various meanings based on different authors' viewpoints. Clarification of the generally recognized elements under the rubric of "confidentiality," or protection of private utterances, will be advantageous for two reasons. First, there appears to be confusion and a general lack of understanding for these concepts in both principle and application, and second, these issues affect virtually all practicing counselors and psychotherapists in some way.

Confidentiality is "an explicit promise, protecting the client from unwarranted disclosure, of any sort, by the professional, except under conditions agreed to by the source" (Graves, 1982, p. 7). Operationally, confidentiality has been considered to be assessed through the Child Confidentiality Questionnaire (Messenger & McGuire, 1981) based on the APA Ethical Standards of Psychologists (1977).

Confidential communication is "a statement made under circumstances that clearly show the speaker intended the statement only for the ears of the person addressed; thus if the communication is made to the counselor in the presence of a third party whose presence is not reasonably necessary in order to achieve the pupil's counseling goals" (p. 11), the communication is not confidential (California State Department of Education [C.S.D.E.], 1982).

Group Trust is the "therapeutic atmosphere necessary for openness and risk taking on the part of the members" (Corey, 1981, p. 33). Operationally, group trust has been considered to be assessed through the subscales of Expressiveness and Self-Discovery of the Group Environment Scale (Moos, 1981).

Informed consent is "a person's agreement to allow something to happen that is based on a full disclosure and presumed understanding of facts needed to make a decision intelligently; i.e., knowledge of risks involved, alternatives available, and so forth" (C.S.D.E., 1982, p. 12).

Judicial means related to or connected with the administration of justice; having the character of formal legal procedure; proceeding from a court of justice.

Minor refers to being under legal age, which varies from state to state; in Florida, legal age is 18-years-old.

Privacy means freedom of the individual to choose for him/herself the time, circumstances, and especially the extent to which personal beliefs, opinion, and behaviors will be shared with, or withheld from, others (Reubenhausen & Brim, 1966).

Privileged communication is a legal terms referring to the client's right which exists by statute (if at all) not to have confidences revealed publicly from the witness stand during legal proceedings without the client's permission; it is narrower in scope than confidentiality (Shah, 1969a). The privilege itself is basically an extension of the Fifth Amendment privilege, and hence it is not the professionals' but the clients', and they may waive it at any time (Boyd & Heisen, 1971).

Organization of the Study

The remainder of this study has been organized into four chapters. In Chapter II, the professional literature in regard to trust and confidentiality is explored in relation to these major aspects: expressiveness and self-discovery, other variables, ethical standards, privileged communication, and case records. Additionally, the areas of group settings, minor clients, school counseling, and clients' expectations/counselors' explanations are closely examined. The research methodology, data collection, and data analysis procedures are described in Chapter III.

The results of the study are presented in Chapter IV, including analysis of the data. A summary of the study, discussion of results, conclusions drawn from the research, and recommendations for further research are addressed in Chapter V.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Overview

Effective counseling depends largely on the disclosure of highly private information and feelings, and the client usually assumes that disclosures will not be passed on to others without his/her knowledge and consent. However, when the client is a minor, the responsibility to protect the child-clients' privacy and maintain confidentiality of communications becomes of much greater concern to counselors functioning in both public and private settings. While confidentiality has generally been understood to refer to intimacy or privacy of communication, in reality, confidentiality also has legal and ethical implications.

Within the counseling relationship, confidentiality is a critical issue because of the inherently personal nature of the client's communications. These personal disclosures focus on clients' innermost feelings, thoughts, and fantasies (Karusu, 1980). Indeed, some approaches (e.g., Hollender's (1965) "patient-centered" contractual psychotherapy) are dependent on the establishment of a confidential professional relationship.

While the client's disclosures within the counseling relationship may be traumatic, the professional has a right and a need to encourage them; the client has a similar obligation to be frank in responding (Graves, 1982). It is the indispensable quality of trust that allows both parties to know that confidentiality will be preserved unless the well-being of themselves or of society is at stake. McCormick (1978) noted that this attitude of trust is supported not only by personal commitment but by ethical codes or "private systems of law" which are built into the professional structure by its own members.

Trust

The aspect of trust may be considered a familiar dimension within the counseling process, but it is nonetheless, an essential element. From the viewpoint of helping and interpersonal relating as part of social influence process, Egan (1975) stated, "if he (the client) is to stay with him (the helper) in any creative way-- . . . this means self-exploration--he must come to trust the helper" (p. 110). Throughout, it appears that the perceptions of the client are paramount. Brodsky (1972) referred to this as "the world, as the client experiences it" (p. 362). The importance of clients' perceptions was noted centuries ago by Chaucer, who wrote:

Faith in the counselor is one of the greatest aids to recovery. A doctor should be careful never to betray the secrets of his patients, for if a man knows that other men's secrets are well kept, he will be readier to trust him with his own. (cited in Graves, 1982, p. 15)

In discussing counseling as a series of interpersonal processes, Brammer (1973) described trust/mistrust as a client perception which can help or hinder the therapeutic relationship. Indeed, Fong and Cox (1983) identified the client's perception of trust as a dimension in the first stage of counseling which must be developed in order for the "real work" of counseling to begin.

Without the development of confidence and trust, two undesirable outcomes are likely. The counselee may become resistant and present nothing more than superficial problems (Shertzer & Stone, 1976). Or the counselee may prematurely terminate, sensing that it is too threatening to risk significant self-disclosure with the counselor (Fong & Cox, 1983).

Research supports predictions of negative consequences of clients' distrust of their therapists. Using tape-recorded, "semi-structured" interviews, Schmid, Appelbaum, Roth and Lidz (1983) concluded that psychiatric inpatients do highly value trust and confidentiality in the therapeutic setting and are concerned about the possibility of unauthorized disclosures. Seventy-seven percent of the respondents

(23 of 30) stated it was important to them that the hospital staff not tell anyone else that they revealed about themselves. Eighty percent indicated that knowing their communications would be kept confidential improved their relationship with the staff. Most patients (77%) responded that they trusted their confidential communications were being kept; that is, members of the staff did not talk to others without their permission. Sixty-seven percent of respondents said they would be angry or upset if they discovered that staff members had told other people what patients had revealed without their permission. Indeed, 17% said they would leave treatment or stop talking with the staff member involved. Meyer and Smith (1977) reported that clients would be less likely to enter counseling or self-disclose once there if they had been told that the information discussed would not be considered confidential.

One client behavior heavily dependent upon the client's perception of trust within the counseling relationship is self-disclosure. Clients must be able to "express their innermost 'secrets' and make themselves vulnerable to the counselor" (Fong & Cox, 1983, p. 163). The efficacy of the therapeutic encounter appears highly related to the degree of disclosure of private information, including feelings and attitudes, the client shares with the counselor.

Expressiveness and Self-Discovery

For heuristic purposes, Truax and Carkhuff (1967) have specified self-exploration as a necessary antecedent for constructive personality change. Clinical observations suggest that clients involved in successful therapy do indeed become involved in a process of self-disclosure and self-exploration (Corey, 1982). This is a process of coming to know one's beliefs, motives, values, fears, perceptions of others, relationships, and life choices.

An early study by Steele (1948) reported data showing that more successful patients increasingly explored their problems as therapy proceeded, while less successful patients explored their problems less as therapy progressed. Braaten (1958) found, from a comparison of early and later interviews with successful and unsuccessful clients, that the more successful cases revealed a higher amount of self-references, especially revelations of the private self. Similar supporting data were reported by Blau (1953), Seeman (1949), and Wolfson (1949). In both traditional psychotherapy and contemporary counseling, the role of the therapist has been geared toward efforts to facilitate this self-exploration process.

Without personal revelations by the client, the therapist (and client) will lack the necessary insight to formulate intervention strategies. Jourard (1959)

defined self-disclosure as the central process in personality change. He further observed that the amount of personal information that one person is willing to disclose to another can be considered an index of the closeness of the relationship and of the affection, love and/or trust that exists between the two individuals. Generally speaking, self-disclosure and cathexis for the person may be said to be correlated.

Both systematic research and clinical observation support this proposition (e.g., Blau, 1953; Braaten, 1958; Jourard, 1959; Jourard, 1971a; Kotter, 1980; Seeman, 1949; Steele, 1948; Sparks, 1977; Swager, 1981; Wolfson, 1949). When indifference and antipathy exists between two people, low disclosure to each other and little knowledge about one another as persons are the resulting consequences. In contrast, therapists have noted that clients who feel warmth, trust and confidence will self-explore and self-disclose more readily and freely than when they perceive the therapist as hostile or punitive. Jourard (1968) wrote, "My willingness to disclose myself to you, to drop my mask is a factor in your trusting me and daring then to disclose yourself to me" (p. 125).

Truax and Carkhuff (1965) suggested that adequate self-disclosing behavior is predictive of therapeutic outcome. During psychotherapy, both client and therapist are engaged in attempts at self-understanding. The

opportunity must exist to know the client through his/her disclosures in order for the therapist to empathize with him/her. Moreover, through clients' self-understanding, they can gain power, and therefore freedom.

Egan (1975) clarified that "no claims are made here that self-disclosure 'cures,' for it is a stage in a developmental process" (p. 115). He asserted that self-disclosure should be functional and pragmatic, and thus the client would be helped to uncover concrete and relevant feelings, experiences, and behavior. Egan further emphasized the importance of self-revelation as a means to effective psychotherapeutic outcome. It is "not a goal in itself . . . it usually is subsidiary to other goals--that is, dynamic self-understanding and action" (p. 154).

Overall, then, expressiveness and self-disclosure are considered essential parts of the process of self-actualization (Jourard, 1971a; 1971b). Mowrer (1968a, 1968b) asserted that self-disclosure can release a great deal of "healing" force or resources in any client. Sullivan (1953) described the critically important function of self-discovery through "consensual validation" as a self-stabilizing phenomenon within the psychotherapeutic process.

Counselors' Professionalism

Trust is basic not only to the therapeutic process but to the very image of counselors in society as well. Unless people feel they can rely on the professional to keep what they say in confidence, many who need counseling will not seek it. Dubey (1974) stated that

if the therapist cannot maintain privilege, the inherent (social) power of his medical position and judgement can render him so muscle bound as to be therapeutically crippled while conducting patient-centered therapy. The treatment situation is bound to be destroyed if confidentiality cannot be maintained. (p. 1094)

Several notable judicial opinions have supported the relationship of confidence and trust as essential to the image of the psychotherapist. Judge Alverson of the Supreme Court of Atlanta has stated that "Psychotherapy, by its very nature, is worthless unless the patient feels from the outset that whatever he may say will be forever kept confidential" (Reynolds, 1976, p. 109). Judge Edgerton, of the Court of Appeals of the District of Columbia, has pointed out that a patient may respond to a physician's treatment for many physical illnesses even though she/he may not trust the doctor or have confidence in him/her; in contrast, for the treatment of mental problems, a relationship of trust and confidence is essential (Reynolds, 1976).

Additionally, violations of clients' confidences outside the courtroom may give rise to several possible consequences. Shah (1969b) wrote that a psychologist who

gives unauthorized disclosures could face disciplinary action and professional sanctions by the American Psychological Association or by the state certifying or licensing authority (in relation to the practitioner's certificate or license). Furthermore, the therapist might be faced with legal action and could be sued in a civil action if some damage to the client resulted or if the breach of confidence could be construed as a defamatory statement.

Other Variables

Although trust appears to be an index of the level of therapeutic process between client and therapist, other variables have been suggested as affecting the amount of client expressiveness with the counselor.

Sex. A number of studies have explored differences in client expressiveness as a function of client and/or counselor sex. In Graves' (1982) study, it was found that

not only did males disclose significantly more across all conditions of assured confidentiality than did females, the differences were such that even the highest mean amount of disclosure by females under any given condition was less than the lowest amount disclosed by males under any condition. . . . This would seem to clearly indicate that males are either more open or more easily made trusting, or both. (p. 72)

Likewise, in the study by Kobocow, McGuire, and Blau (1983), adolescent females were significantly lower than

males in self-disclosure across conditions, even though the females demonstrated a greater willingness than males to participate in the study. The authors concluded that "females are more cautious and have a higher level of self-protective needs than males" (p. 441). O'Kelly and Schuldt (1981) also found males to disclose more than females, and Rosen (1977) found that females were more likely than males to refuse to sign release of information forms. Singer (1978) found that although women enjoyed talking more, men were more willing to face the risks associated with being interviewed for surveys requesting personal and sensitive information.

In contrast to these findings, other investigations have suggested that females disclose more than males. In a study by Jourard and Lasakow (1958), results were reported in which females had higher self-disclosure scores than males. This finding has been replicated by Dimond and Munz (1967), Himelstein and Lubin (1965), Hood and Back (1971), Jourard and Landsman (1960), Jourard and Richman (1963), Pederson and Breglio (1968), and Pederson and Higbee (1969). Using written self-descriptions, Pederson and Breglio (1968) found that females did not use more words to describe themselves than males, but they disclosed more intimate information about themselves than did males. Jourard (1961) attributed considerable importance to the obtained sex differences. The low disclosure of males was perceived to be directly

associated with less empathy, insight, and, consequently, a shorter lifespan, than females.

Other authors have asserted that there are no differences between males and females in levels of self-disclosure. Cozby (1973), from his review of the literature, claimed no study (to that date) verified greater disclosure by one sex. A number of studies have shown no sex differences on the variable (Dimond & Hellkamp, 1969; Doster & Strickland, 1969; Plog, 1965; Rickers-Ovsiankina & Kusmin, 1958; Vondracek & Marshall, 1971; Weigle, Weigle, & Chadwick, 1969).

Woods (1977) also found no sex differences in disclosure by males and females under conditions of confidentiality. Under conditions of nonconfidentiality, however, females disclosed less. In Messenger and McGuire's (1981) study, there were no sex differences in total scores on the confidentiality questionnaire. Nevertheless, it was found that male subjects scored significantly lower on the subarea concerning the therapist's responsibility to explain the limits of confidentiality. The authors concluded that either female children simply interpret this responsibility as part of their counselor's job while boys are less concerned with this aspect or female children more than male children look for verbal assurances and explanations during psychotherapy.

Findings regarding differences in sex of interviewer have also been inconclusive. O'Kelly and Schuldt (1981) found that no significant effect occurred as a result of the interviewer's sex. On the other hand, Dion and Dion (1978), in a study of sixth-grade students, found that girls were more willing than boys to disclose to a female teacher.

In attempting to interpret the contradictory findings in regard to sex differences affecting self-disclosure, Cozby (1973) noted that some authors (Jourard, 1964; Plog, 1965) have suggested the conflicting results may be the result of samples from different geographical areas which have different sex role expectations. However, analysis of the studies which tested for sex differences as a significant variable yielded no consistent pattern which would explain the conflicting findings to be based in geographic locale or type of instrument used.

Age. Level of cognitive development, as a function of chronological age, is a significant variable in clients' conception of confidentiality, and thus would impact their level of self-disclosure. Messenger and McGuire (1981) found that older children have a significantly better understanding of confidentiality in psychotherapy than younger children. Statistical analysis revealed that the scores of the youngest group (age 6 to 8 years) and the scores of the middle group

(age 9 to 11 years) did not significantly differ; nor were the scores of the middle group significantly different from those of the oldest group (age 12 to 15 years). Interestingly, however, the total mean score of the youngest age group was significantly lower than the total mean score of the oldest group. The authors concluded that children evolve a conception of confidentiality in psychotherapy gradually as they grow older. Very young children may misinterpret some of the basic stipulates of confidentiality in the counseling relationship. This conclusion was underscored by the fact that the youngest children scored significantly lower than either of the older groups on the specific subarea concerning confidential information being released only with the client's express permission. Moreover, the young adolescents (oldest group) held particularly conservative, negative attitudes regarding the necessity of breaking confidentiality under any circumstances. Similarly, Kobocow et al. (1983) concluded that adolescents are extremely cautious about confidentiality and disclosure issues. Such findings suggest that children in counseling may have to be dealt with differently, depending on age in order to maximize self-disclosure.

Ethnicity. A number of demographic characteristics of the discloser, particularly education, ethnicity, race, religion, socio-economic status and vocational

affiliation, have been reported to have a significant relationship to self-disclosure (Cozby, 1973; Jourard, 1961). Greco and McDavis (1978) pointed out that culture can affect clients' perceptions, behaviors and choices.

In a discussion of the black population, McDavis (1980) reviewed the historical background and current status of this minority group and identified specific problems such as labeling, discrimination, and lack of role models, which may adversely affect the counseling relationship. Avila and Avila (1980) reviewed factors impacting on the counseling relationship with Mexican-Americans, concluding with recommendations to facilitate communication. Sue (1978; 1980) explored the personal and counseling needs of Asian Americans, noting that their learned patterns of emotional restraint and formality may interfere with self-disclosure in social interactions, specifically in counseling. Anderson and Ellis (1980) suggested self-disclosure may be inhibited in American Indians because they may develop misdirections and ambiguities to avoid having to disagree or contradict another individual, such as the counselor.

Franco and Levine (1981) declared that Hispanics and Blacks are less disclosing than Anglo-Americans. However, in a series of three studies by these authors (Levine & Franco, 1980), results were inconclusive. Study 1 showed Anglo and Hispanic students to be equally comfortable with Anglo or Hispanic counselors; Study 2

showed Anglo males and females and Hispanic females to prefer directive communication about some topics, depending on the counselor's sex and ethnicity; and Study 3 showed that specific self-report, self-disclosure patterns vary with the counselors' sex and ethnicity.

Jourard and Lasakow (1958) reported less self-disclosure by blacks than by whites. Dimond and Hellkamp (1969) replicated this finding and additionally reported less self-disclosure by Mexican-Americans than by Blacks. Jourard (1961) found that Jewish males were significantly higher in self-disclosure than Baptist, Catholics and Methodists, while none of the latter significantly differed from one another. The various findings, then, suggest that ethnicity may be a significant variable in the development of counseling trust and self-disclosure.

Technology. Recent technological advances increasingly bring the client's protection of confidentiality in conflict with society's right to know. Plaut (1974) suggested that this escalating conflict exists because of increasing government involvement in areas which were previously considered private affairs; electronic revolution in data collection, storage and retrieval; and prevailing atmospheres of suspicion between individuals and powerful authority figures. The resultant inhibition of confidence by clients can be most

counterproductive in regard to the effectiveness of treatment the client might rightfully expect.

The dilemma for the professional has been examined by Slovenko and Usdin (1961). In some situations, to release confidential information when it is not necessary could result in actions for damages for defamation or invasion of privacy; on the other hand, to not release information in other situations may lead to a charge of contempt of court. Simultaneously, the client is faced with the dilemma of erosion of the therapeutic effort by not self-disclosing versus opening him/herself to either advertent or inadvertent revelation of personal disclosures to varied unauthorized agents of numerous government and private organizations.

As an increasing amount of information is being stored in computers, it becomes more accessible to individuals other than those for whom it was originally intended. Concern exists about inadequate control of accessibility, particularly since data can be directly cross-fed from interconnected electronic systems.

McCormick (1978) wrote that

There is validity in the argument that the use of mechanical techniques is unavoidable in a bureaucratic society. There is also validity in the fact that such approaches pose a threat to human beings. It is necessary to reckon with human error . . . but the difficulty is that no agency can predict the eventual impact of personal disclosure on individual lives. Helpful at the moment, they may be disastrous in the future. (p. 211; 220)

Sampson and Pyle (1983) noted that at present the AACD Ethical Standards (1981) and the Ethical Standards of Psychologists (APA, 1981) do not specifically address the ethical issues of computer applications in counseling, testing, and guidance. They insisted that ethical standards should be revised to include guidelines for the appropriate use of computers, with one specific topic being confidentiality of client data maintained on a computer. The authors also identified unique problems which exist in maintaining confidentiality of client data stored in a computer and proposed ethical principles. The suggested principles emphasize ensuring that confidential data maintained in a computer

are limited to information that is appropriate and necessary for the services being provided, . . . are destroyed after it is determined that the information is no longer of any value in providing services . . . [and] are accurate and complete. (p. 285)

Access to the confidential data were addressed in that "best computer security methods available" should be used, and it should not be possible "to identify, with any particular individual, confidential data maintained in a computerized data bank that is accessible through a computer network" (p. 285).

Support for the impedance of self-disclosure by technological devices is given in several studies. Woods (1977) found that audio tape recordings of an interview significantly affected anxiety level of the interviewee

as well as level of disclosure among females. The behavioral responses observed included shifting of position, hand movements, nervous laughter and clearing of the throat. Woods suggested that the high anxiety tended to go with less self-disclosure. Graves (1982) found that clients disclosed to a greater degree when the interview situation was recorded manually by the interviewer as opposed to having the session video-recorded with clients' knowledge. These findings suggest that fear of disclosure to the public can be harmful to the development of trust and its part in the therapeutic process.

The literature, then, indicates that trust appears to be essential within a counseling relationship; indeed, without it, undesirable outcomes may be anticipated. Some variables (e.g., sex, age, ethnicity, technology) may significantly impact the establishment and development of counseling trust, although research is still inconclusive. Intricately tied to the aspect of trust is the counselor's responsibility to protect client self-disclosures and maintain confidentiality of communications.

Confidentiality

Ford and Urban (1963), in citing general characteristics of psychotherapy, focused on confidentiality. In their description, "the [counseling]

interaction is highly confidential, and since counselees discuss themselves in an intimate fashion, it is highly private" (p. 16). Likewise, Shertzer and Stone (1976) indicated that the counseling relationship "requires privacy--both auditory and visual--and confidentiality, because of the self-revealing and intimate experiences related by the counselee to the counselor" (p. 177).

In a survey of mental health professionals in North Dakota, Jagim, Wittman, and Noll (1978) found that the responding professionals were unified in their agreement of an ethical obligation to keep the therapist-client information confidential. Indeed, confidentiality was perceived as a significant element in the maintenance of a positive therapeutic relationship. Additionally, there was consensus that confidentiality was an important and integral aspect in the therapeutic encounter. More specifically, confidentiality was seen as essential in maintaining a positive therapeutic relationship by 98% of the professionals (56% very strongly agree, 25% strongly agree, 17% agree). In addition to the necessity of confidentiality for the therapeutic relationship, 98% of the mental health professionals agreed that there was a professional-ethical obligation to keep information concerning a client confidential (72% very strongly agree, 14% strongly agree, 6% agree).

Interestingly, an earlier study indicated that institutions in which the professionals practice do not necessarily value confidentiality as highly. Noll and

Hanlon (1976) found that of the mental health centers they surveyed, the majority (51%) report the client's name, address and/or social security number to various government agencies, and 36% of these do so without informing their clients that they did. Further, 61% of the mental health centers reported clients were not advised that identifying information might be reported. In considering the ethical standards of the various helping professions, reporting of such information appears unethical, particularly when the information is given without the clients' informed consent.

In light of such a practice, considering the interplay of confidentiality and trust, a review of ethical standards of helping professions appears warranted. Moreover, two other factors which have been identified as pertinent to a discussion of confidentiality are privileged communication and case records (Trachtman, 1972).

Ethical Standards

Confidentiality at the professional level refers to the ethical standards of counselors or other professionals not to reveal private communications from a client to others except under certain circumstances. Shertzer and Stone (1976) stated that matters of confidentiality and counselor ethics in general are extremely complex. While the purpose of professional

confidentiality is the protection of the client from unauthorized disclosure by the professional, maintaining confidentiality, particularly with the client's expectations of protection, appears as one of the most complicated yet pervasive issues facing the profession. Each professional organization specifies its own ethical codes designed to prevent unauthorized disclosure of clients' communications.

The American Association for Counseling and Development (AACD) clearly supports the practice of maintaining confidentiality. In its Ethical Standards, Section B, Counseling Relationship, subsections 2, 4, 5 and 7 stipulate that

The counseling relationship and information resulting therefrom be kept confidential, consistent with the obligations of the member as a professional person . . . when the client's condition indicates that there is clear and imminent danger to the client or others, the member must take reasonable personal action or inform responsible authorities. . . . Revelation to others of counseling material must occur only upon the expressed consent of the client. . . . The member must inform the client of . . . limitations that may affect the relationship at or before the time that the counseling is entered. (AACD, 1981, unpagged)

The American Psychological Association's (APA) Ethical Standards state a very similar position. Principle 5, Confidentiality, reads that

Psychologists have a primary obligation to respect the confidentiality of information obtained from the persons in the course of

their work. . . . They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. (APA, 1981, unpagged)

Like counselors, psychologists are expected to inform their clients of the legal limits of confidentiality where appropriate. Similarly, a statement by the American Psychiatric Association (1970) described confidentiality as a bond between therapist and patient which is both "sacred" and "mandatory" (p. 1549).

The National Education Association's NEA Handbook (1975-76) also emphasizes professional responsibility to honor and protect confidences. Principle 1, Commitment to the Student, reads, in part, that the educator, "shall not disclose information about students obtained in the course of professional service, unless disclosure serves a compelling professional purpose or is required by law (NEA, 1975-76, p. 235). Likewise, the National Association of School Psychologists (NASP) has established guidelines for professional relationships in regard to confidentiality. Principles IIIb of its ethical code emphasizes the school psychologist's responsibility to explain to students the uses to be made of information obtained and any obligation the psychologist has for reporting specific information; principle Vd points out the psychologist's responsibility to "safeguard the personal and confidential interests of those concerned" (NASP, 1976, p. 103).

Another professional organization which has attempted to specify, although in only the broadest of terms, a provision for guarding the confidential communication of clients in its Code of Ethics is the National Association of Social Workers (NASW, 1967). The code stipulates: "I respect the privacy of the people I serve" and "I use in a responsible manner information gained in professional relationships." Additionally, other helping professions, such as the American Hospital Association and the Group for the Advancement of Psychiatry, have been actively studying issues of confidentiality and its maintenance (Reynolds, 1976). The ethical standards of these various organizations show that a relationship of confidence and trust is essential to psychotherapeutic treatment.

Privileged Communication

Where legal testimonial privilege exists, the client is protected from the possibility that private information will be used as testimony in judicial proceedings without his permission (Shah, 1969a). Most frequently, the purpose of privileged communication is to encourage confidential communication essential to effective treatment and to prevent unwarranted humiliation from courtroom exposure of intimate information (Davis, 1971).

Dubey (1974) made the point that if testimony were confined only to the medical issues of diagnosis and treatment, there would be no problem. However, if the testimony can be forced concerning content of communications during psychotherapy, a therapist cannot assure patients of confidentiality and hence the proper setting for psychiatric work cannot prevail. Slovenko (cited in Haines, 1962) asserted that there should be "complete immunity" from cross examination for the therapist. Without it, effective therapeutic examination of the client (defendant) cannot exist unless the therapist, in some way deludes the examinee. It would seem an absurd position for the therapist to warn the accused not to give him/her information in confidence and then expect to receive information. Similarly, a judicially forced rupture of confidentiality would be counterproductive for the court itself. As stated by the Florida Appellate Court in the case of Morgan vs. State, June 13, 1962,

To strip a pre-sentence report of its confidentiality would be to divest it also of its importance and value to the sentencing judge because there might be lacking the frankness and completeness of disclosure made in confidence. (cited in Graves, 1982, p. 20)

Some authors, however, have brought up the possible conflict between the client's right to privacy and society's right to proper administration of justice (Arnold, 1970; Dubey, 1974; Schmidt, 1962; Shah, 1969a;

McDermott, 1972). Hollender (cited in Dubey, 1974) went so far as to divide psychotherapy into two categories: patient-oriented and society-oriented. In the latter case, the therapist is "more or less the agent of people or agencies other than the patient" (p. 1094). The therapist does not necessarily promise confidence in such a setting but may instead deliberately use the client's information to exert power in influencing the patient's social milieu.

J.H. Wigmore (1961) recommended four criteria for the validity of a privileged communication.

1. The communications must originate in a confidence that they will not be disclosed [Schmidt (1962) clarified that because a communication is made in an expressed or implied confidence does not necessarily allow it privilege, however];
2. the element of confidentiality must be essential to the full and satisfactory maintenance of the relationship;
3. the relation must be one which in the opinion of the community ought to be sedulously fostered; and
4. the injury that would inure to the relation by the disclosure of the communication must be greater than the benefit thereby gained for the correct disposal of litigation.

The key words and phrases apparently qualify psychotherapeutic consultations for the protection offered by this privilege. Moreover, therapists have some legal leeway in that they are under no obligation to reveal information considered confidential unless under

oath or before a grand jury or court of law (Wrenn, 1952). Goldstein and Katz (1962) have stated that

treatment of the mentally ill is too important and the assurance of confidentiality too central to it, to risk jeopardizing the whole because of the relevance of some patients' statements to some legal proceedings. (p. 735)

Legal testimonial privilege is not assured to clients of therapists, however, and some states have no privileged communication statute for clients of psychologists and counselors. The California Supreme Court, while endorsing the principle of psychotherapist/client privilege has concluded that

absolute confidentiality was not needed to protect the psychotherapeutic relationship and that the judge could determine what confidential information has to be disclosed to ensure the carrying out of justice. (Plaut, 1974, p. 1023)

Similarly, Hollender (cited in Dubey, 1974), concluded that many of the diverse operations of psychotherapy do not require confidentiality at all.

Case Records

The aspect of confidentiality of case records presents a number of controversies: the right of outside agencies to have access to the records, the availability of records to various personnel within the institution and the right of parents to inspect the records of their children. This last area of confidentiality represents a unique situation, since parents are ostensibly acting on behalf of an individual who is a minor.

There have been two notable attempts to protect the rights and privacy of students in recent years. In 1971, the National Education Association, which has traditionally argued for comprehensive record keeping, approved a code of students' rights and responsibilities (Burcky & Childers, 1976). According to this act, students' interests supersede all other interests for record-keeping purposes.

In 1974, federal legislative action--the Buckley Amendment, Public Law 93.380--became effective. This act requires that eligible students (generally defined as eighteen years of age or older) or the parents of students have the right of access to all official files, records and data concerning their children (Education Amendments, 1974).

McGuire and Borowy (1978) have focused on the question of whether records in guidance offices, counseling centers and diagnostic or evaluative service centers are applicable. Typically, the statute is interpreted to mean that the counselor's records are confidential and do not become part of the student's cumulative record (Cutler, 1975), yet some university officials interpret the Buckley Amendment to mean that counseling records of students ought to be made available at least on a conditional basis (Kazalunas, 1977).

Perhaps more basic than the status of files is the question of whether the Buckley Amendment violates the

ethics of confidentiality in the counseling relationship, particularly since the ethical standards of numerous helping professions directly address that information resulting from a counseling relationship is to be kept confidential. The AACD Ethical Standards, Section B, subsection 5, clearly specifies

Records of the counseling relationship, including interview notes, test data, correspondence, tape recordings, and other documents, are to be considered professional information for use in counseling and they should not be considered a part of the institution or agency in which the counselor is employed unless specified by state statute or regulation. Revelation to others of counseling material must occur only upon the expressed consent of the client.
(AACD, 1981)

Wilson (1978) asserted that there is certain information that does not belong in a case record, regardless of type of recording method used. Reasons to eliminate data from a student's record would include potential use of such material being against the best interest of the client and/or agency if it were to be subpoenaed and possible negative effects upon clients themselves should they see the entries. In her opinion, material such as narrative recordings, information regarding a client's political, religious or other personal views, and extremely intimate personal details have no place in any case record.

Kazalunas (1977) has asserted that revealing confidences is now made possible by an act which was

intended to protect students' interests, particularly their privacy. McGuire and Borowy (1978), however, discussed the pertinent literature and concluded that "the Buckley Amendment may be interpreted as being consistent with established ethical and legal practices of protecting the privacy of professional counseling records" (p. 555). They did note, though, that the decision of whether to release professional communications to a counselee or student should be based on the purposes for which the material was obtained (e.g., for personal counseling versus degree-program requirements).

The other side of confidentiality of case records concerns releasing information to personnel within the institution and outside sources. Miller (1971) stressed the importance of safeguarding test data in particular against improper dissemination. He pointed out that the threat of information misuse may be exaggerated with test data because of "the illusion of 'hardness' created by numerical test scores or percentile ratings" (p. 94).

Friedenberg (1964) examined the effect on the students' inner life and emotional dynamics when school records are revealed to outside agencies.

By permitting agencies outside the student-counselor relationship to use its records, the school strikes at the very roots of clarity and growth. It invades the unconscious . . . throwing up barriers of anxiety against self understanding . . . that it has made it dangerous for the

student to deal honestly with himself is alarming. (p. 59)

Nonetheless, Boyd, Tennyson and Erickson (1973) have found that, in practice, complete confidentiality of records is rarely, if ever, extended to school-age clients. A study by these authors reveals that while counselors were more prone to deny requests for personal interview data than general education-vocational information, there was considerable individual variability in the extent of release of student records. Moreover, "school personnel receive more exact data about individual students than do parents or the students themselves" (p. 285).

The issue of confidentiality between client and counselor has been explored by a number of authors with respect to trust, professional ethics, privileged communication, and school records. These considerations provide a basis with which to examine clients' behaviors and perceptions of confidentiality and trust within a unique counseling relationship: the group. The efficacy of the group therapeutic encounter appears highly related to the degree of disclosure of private information, including feelings and attitudes, the client shares with the counselor and other members.

Group Settings

As in the case of the one-to-one counseling relationship, various authors have indicated the

importance of confidentiality for the group processes. Gazda (1978) wrote that many group leaders believe confidentiality to be an essential component in the entire group process, particularly in regard to the development of trust among group members. Rogers (1970) perceived an atmosphere of acceptance and trust (wherein members could reveal aspects of themselves they typically conceal) to be essential to group movement. Moreover, he expressed an intense trust in the ability of group members to develop their own potential. One such aspect specifically focused on the group moving from lacking trust and being closed and fearful with others to becoming increasingly open and expressive in interpersonal relationships.

The level of trust in a group seemingly depends on two interrelated factors: "the willingness of the members to share themselves and the quality of the response they receive once they do share themselves" (Egan, 1975, p. 156). Trust is an issue that surfaces early as a new group gets underway.

Members will often question their ability to trust the group leaders, the other members, and even themselves. . . . It is clear that, if members are to drop their defenses and reveal themselves--as indeed they must if the group is to be effective--they need assurance that the group is a safe place to do this. (Corey, 1981, pp. 356-357)

The importance of confidentiality is implied through the members' need to believe the group is a "safe place" to

reveal themselves. Indeed, Ohlsen (1977) found that group members must believe their expressions of feelings and thoughts will not be told outside the group.

Without mutual trust among members and leader, negative consequences are projected, just as for individualized counseling. Corey (1981) identified the following outcomes for groups without trust.

Group interactions will be superficial,
little self-exploration will take place,
constructive challenging of one another
will not occur, and the group will operate
under the handicap of hidden feelings.
(p. 32)

Meyer and Smith (1977) studied the issue that threats of disclosure may prevent openness in group therapy (i.e., that "confidentiality is crucial to the effectiveness of group therapy," p. 638). After administering a questionnaire to university students, they concluded that without a belief in the confidentiality of their communication, group self-disclosure may be inhibited. Greene and Crowder (1972) have stated that group psychotherapy with adolescents can be effective only when confidentiality is an essential part of the process. A specific group therapy strategy for adolescents has been developed by Vorrath and Bredtro (1974) in which the efficacy of counseling is based in the very issue of confidentiality. These authors asserted that the group must be convinced of the confidentiality of the meetings, and, further,

that members must believe that they do not have the right to reveal information outside the group.

Corey (1981) maintained that helping to build group trust is a vital task for group leaders. The way in which leaders approach the group was considered to be of great importance, and he suggested that leaders attempt to promote trust by describing the structure and goals of the group and by explaining how the group process will work. Corey recognized that practitioners of various orientations utilize different approaches in establishing a climate of trust during opening sessions, and he even summarized some typical leader comments of the various group models.

Davis (1980) emphasized the leader's responsibility for group trust from a slightly different perspective. She stressed that, because confidentiality and protection of disclosures are necessary for a productive group, the leader should directly address the topic of confidentiality to group members. Her survey of members of the Association of Specialists in Group Work (ASGW) and their clients, however, indicated that, in fact, members perceived that confidentiality of group communications was not maintained.

Approximately 70% of the [group] members thought they, other group members and the leader, could talk or were talking freely about the topics and activities from the group. It was discouraging to discover that more than one-third of the members thought the leaders were talking about the

respondent and other group members outside the meeting. . . . The people most frequently attributed with receiving information from the leaders were someone at the university or agency, the member's teacher, and/or the leader's friends. (p. 200)

In his interpretation of self-disclosure in a counseling group, Christiansen (1972) questioned whether confidentiality could truly be guaranteed because the information is told to all group members. He contended, however, that in effective group interaction, confidentiality of communications is a by-product.

As group members begin to trust one another and feel more secure, the group loses all concern about the possibility that another member of the group may tell an outsider about something that has been said in the group meetings. Until they gain this security, nothing much really happens in the group. (p. 127)

Another facet of group work relates to "self-selected" groups, wherein members may foresee the confidentiality problem and thus exclude potential informers (or "ratters") from their group (Christiansen, 1972). An advantage of a self-selected group has been identified as a more quickly and freely moving counseling process. Taping of sessions is another aspect of group sessions in which success is dependent upon trust among group members; if accepted, its advantages include allowing members to listen to previous sessions or to missed sessions and allowing the leader to improve counseling skills by reviewing the tapes (Christiansen, 1972).

Similar to individualized sessions, trust affects expressiveness and self-disclosure in group process. While Gazda (1978) emphasized that self-disclosure is one of the most basic components of group process, he believed that the level of group self-disclosure is greatly dependent upon the trust members have in each other. If sufficient trust exists, members express spontaneously and openly their thoughts and feelings. Gazda further asserted that expressions of here-and-now feelings, beliefs, and attitudes are highly desirable and actively sought in most groups.

Yalom (1975) believed self-disclosure to be a prerequisite for the formation of meaningful interpersonal relations in the group situation. If acceptance of others is preliminary to acceptance of self, then the individual must gradually permit others to know him as he really is, if he is to ever gain self-acceptance. As far as self-help groups, Mowrer (1973), in his philosophy of helping, asserted that self-disclosure is central. The client, if he wants to be helped, must reveal himself completely to the other members in the self-help group; in this setting, the leader's self-disclosure is also considered essential. Immediate and total self-disclosure is characteristic of many peer self-help groups, such as Alcoholics Anonymous (Hurvitz, 1970).

In a study of group psychotherapy, Peres (1947) had found that successful and unsuccessful group psychotherapy differed in that successful patients in group therapy made significantly more personal references over the course of therapy when compared to unsuccessful patients. Indeed, the benefited patients made almost twice as many personal references as did the non-benefited patients. Research by Truax and Carkhuff (1967) also has shown that patients' success in group therapy correlated with their transparency during the course of the group. Lieberman, Yalom and Miles (1972) found that in encounter groups, individuals who had negative outcomes revealed less of themselves than did the other participants. Azima (1974), in describing a useful strategy for group work with adolescents, noted that one of the salient problems encountered is the fear of self-disclosure.

Research by Drag (1969) suggested that the two-person discussion group may self-disclose more than eight-person groups, but not more than four-person groups. Other findings, however, indicate that people may disclose more or less readily in groups larger than dyads, dependent upon the composition of the audience (Chelune, 1976). Furthermore, the mode of communication appears to affect the clients' perceptions of the dilution they may expect for protection of personal utterances (Spinner, 1978).

Generally, then, trust and confidentiality are equally important in group settings as in individual counseling. Self-expression, however, may be initially inhibited by members' fear of disclosure of confidential communications to others outside the group. Only within an atmosphere of trust will expressiveness and self-discovery be enhanced.

Minor Clients

The foregoing considerations of trust, confidentiality and self-disclosure have presented a number of aspects and implications for practicing counselors. The discussion, however, has remained focused on the therapist/client relationship in general, in both individual and group settings. When the client is a minor, numerous other issues become salient, many of which represent diverse opinions.

As far as trust, research suggests that clients' age does affect their conceptualization of confidentiality in the therapeutic relationship (Kobocow et al., 1983; Messenger & McGuire, 1981). It appears that young clients, as well as adults, respond positively to their recognition of a right to self-determination. This would appear to include a full explanation of the counselor's responsibilities for as well as limitations of confidentiality in counseling. Interestingly, Rosen (1977) has stated

The very act of telling a client that he may rightfully refuse to sign a consent form can indicate to the client that he too is, and has the right to be, a decision maker. Such an act may be the type of communication that many clients need to hear in order for a substantial improvement to occur in their self-image and feeling of self-worth. (p. 23)

Ross (1966) concluded that trust, more than confidentiality may be the "critical ingredient" in dealing with young patients.

Ethical Standards

The codes of ethical standards of the various helping professions are considerably vague in reference to minor clients. The AACD Ethical Standards never specifically addresses minor clients but rather refers to all clients in general terms. Statements in Sections A and B specify

In the counseling relationship, the counselor is aware of the intimacy of the relationship and maintains respect for the client. . . . The member must recognize the need for client freedom of choice. Under those circumstances where this is not possible, the member must appraise clients of restrictions that may limit their freedom of choice. (AACD, 1981, unpagged)

Nowhere, however, does the code clearly differentiate between the counselor's ethical responsibility to the child-client versus an adult client.

The APA has shown an interesting pattern in their various publications in regard to ethical codes, as if members were struggling with the issue of where minor

clients fit in relation to professional responsibility. The earlier APA Ethical Standards of Psychologists (1968) made some implied distinctions between the child and the adult client by referring to the "the responsible person." Principle 7, Client Welfare, Section D, stated that

the psychologist who asks that an individual reveal personal information to be divulged to him does so only after making certain that the responsible person is fully aware of the purposes of the interview, testing, or evaluation and of the ways in which the information may be used. (unpaged)

Somewhat more strongly, Principle 8, Client Relationships, Section B, stated that "when the client is not competent to evaluate the situation (as in the case of a child), the person responsible for the client is informed of the circumstances which may influence the relationship." Thus, as vague as this early code was in reference to the psychologist/minor-client relationship, it did imply that the minor client is incapable of comprehending his/her position and is thus incompetent to consent to treatment or have the same rights as an adult in the psychotherapeutic relationship. It is not surprising, then, that McGuire's (1974) study revealed a general lack of awareness, at least among psychologists, as to the content and applicability of existing APA ethical codes to the child in psychotherapy.

The next APA (1977) code of ethics did not even make the implied distinction of its predecessor. While Principle 5, Confidentiality, emphasized the obligation of the psychologist to safeguard information, it did not clearly differentiate between minors and adults. Section B of this principle stipulated

Information obtained in clinical or consulting relationships, or evaluative data concerning children . . . are discussed only for professional purposes and only with persons clearly connected with the case. (unpaged)

Ambiguity arises here over whether "persons clearly connected with the case" would include parents of minor clients and whether "professional purposes" would include sharing communications with parents in the case of minor clients. Section D of this principle stated

The confidentiality of professional communications about individuals is maintained. Only when the originator and other persons involved give their express permission is a confidential communication shown to the individual concerned. (unpaged)

The vagueness of the term "other persons involved" left The question of whether parents or guardians were to be included when "the originator" was a minor client.

Significantly, a proposed revision to the principle concerning confidentiality in the APA ethical standards recognized the importance of confidentiality in the psychologist/minor-client relationship. Section J of the proposed guidelines stated

Where a legal minor is the primary client, the interests of the minor shall be paramount. The child's best interests to do so [sic]. In such cases, psychologists make a serious attempt to obtain the child's consent. ("Proposed to," 1977, p. 84)

Nevertheless, when the revisions were actually adopted, the minor client's rights had been diluted, although at least they were specified. Sections A and D of Principle 5 of the current code state:

Information obtained in clinical or consulting relationships, or evaluate data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. . . . When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests. (APA, 1981, unpagged)

Thus, the current APA code recognizes the "best interests" of minor clients but designates them as "unable to give informed consent."

The issue thus becomes whether it is desirable, even possible, to maintain an attitude of strict privacy and confidentiality with adult clients in counseling but not with minor clients. More than three decades ago, in an article entitled "The Ethics of Counseling," Wrenn (1952) proposed ethical guidelines advocating confidentiality in the counseling relationship with children.

It has been suggested that the confidential nature of the interview is less to be stressed when the client is a child and that permission to transmit is not necessary for children. I doubt this

assumption. A child's trust in a counselor may be betrayed as well as an adult's. A child is very much a person and the integrity of his personality must be protected while at the same time admitting that parents' consent must be obtained for treatment or referral. (p. 172)

In his proposed guidelines, Wrenn suggested that the counselor must obtain his client's permission before communicating any information about that client that has been given in the counseling relationship, even to parents.

Legal Issues

The legal aspects associated with the psychotherapeutic treatment of minors, including privileged communication and parental rights present particularly thorny issues. Rosenberg and Katz (1972) examined legal issues of consent in the psychiatric treatment of minors. They considered the implications of laws which provide that minors, even mature ones, do not have the right to contract for or undergo psychiatric (or psychological) treatment without the specific permission of parents or guardians. It should be noted that the age of the minor and complexity of treatment may affect what situations the courts would likely favor making an exception to this general principle. These authors pointed out the privileged communication statutes fail to establish to whom the privilege belongs in the case of a minor--to the minor or to his/her parents or guardians.

Other authors have considered whether it is the parents' or the child's right to waive the privilege (Shah, 1969b; Geiser and Rheingold, 1964.)

This dilemma raises the further question of exactly who the client is in psychotherapeutic treatment of a minor. Some authors believe that the parent represents the child-client while others contend that confidentiality is just as essential in therapy with children as with adults. This diversity of opinion is greatly attributable to the fact that each therapist's "idea of guarding secrets is considerably predetermined not only by his personality structure but also by his professional development" (Lowental, 1974, p. 236). A further complication is the difficulty in defining exactly "Who is a child?" when maturity levels vary so greatly.

In discussing the individual's rights during psychological treatment, Ackley (1974) stated that "the services of the psychologist are rendered to a client and belong to the client" and that "the client is the person who has come to the psychologist for professional services, whether he has come on his own initiative or has been referred by another" (p. 21). He continued, however, that "the parent of a minor who is a client has the right of the client" (p. 21). He further maintained that working independently of parents invades the personal rights of both child and parent, the implication

apparently being that the child's communications to the counselor are open to the parent.

Slovenko (1966) wrote that "child therapy can never be a strictly two person arrangement" (p. 57). He encouraged parental involvement in child therapy, specifically noting that "environmental manipulation" may be essential in the treatment of children. Slovenko and Usdin (1961) took a similar position. These authors emphasized the sanctity of confidentiality in the patient/psychiatrist relationship, stating that for the good of the patient "the psychiatrist is indeed forced to keep the patient's confidence" (p. 428). Nonetheless, they made the clear distinction that children (along with the physically handicapped and alcoholics) are exceptions to this psychotherapeutic approach because others are directly responsible for them.

Goldman (1972) derogated the assumption that children or adolescents should be given a confidential counseling relationship because of his belief that parents know what is best for their child. Only in cases where the parent is ignorant, disturbed, hostile, or negligent should the counselor supersede the usual parental prerogatives.

Legally and morally parents are responsible for their children, and no professional person . . . has any business placing himself in loc parentis. After all, it is the parent who will have to live with the outcome and will be responsible for what happens thereafter. (pp. 371-372)

The confidentiality of communications of minor clients has, then, been considered by these various authors as secondary to the priority of informing parents. Goldman (1972), while recognizing that children of varying ages have varying degrees of judgement and competence, nonetheless argued that the mental health worker is not in a position to decide whether a particular child is or is not competent to refer himself. He referred to the decision as "a kind of God-playing" which "really has taken the ultimate responsibility away from parents, courts, everyone, and placing it in one's own hands" (p. 373)

Considering the importance of trust, other authors raise the question that if confidentiality is so critical in therapy, why are children excluded? A number of authors have maintained that the minor client is indeed entitled to confidentiality of communications in counseling.

Rosenburg and Katz (1972) noted that, "though the law generally demands that parents have a right to informed consent," it is not always therapeutically desirable to provide details of the causes and nature of treatment. These authors wrote that limiting the psychotherapeutic treatment of minors "will not further our traditional concern of providing for the protection and welfare of minors" (p. 56).

Similarly, Hyman and Schreiber (1975) listed a number of recommendations in their discussion of child advocacy. Though these authors maintained that the parent should be interviewed and explained his legal rights, they specifically stated that "Children and adolescents should be provided confidentiality with the exception of the 'future crime limitation' which would include plans to commit any crime, including suicide" (p. 56). The position statement for psychiatrists warns against "divulging details about the youth's problems to the parents--a practice that can be detrimental to the young person" (American Psychiatric Association, 1970, p. 1546).

In a recent discussion of treatment of adolescent psychiatric inpatients, Corder, Haizlip and Spears (1976) specified that standards of sharing information should be outlined in the treatment contract. They asserted that parents should be informed only of issues such as the goals and progress in general, but specific details of the therapy session are to be kept confidential unless they pertain to some area of danger to the patient or others.

Along this line, Wilkerson (1973) wrote that at certain ages and under certain circumstances, the child is unable to care for or protect himself or make prudent choices in his own best interests. Here the child has a right to "parental responsibility," implying social

obligation and accountability of the parent, not the parent's right to dominate the child because of his immaturity.

Practice and Trends

Despite the numerous, and often heated, exhortations on both sides of the issue, few actual studies have been conducted in the area of child-client confidentiality. Those studies available show that counselors and psychologists tend to respect the confidentiality of the minor's communications. As Trachtman (1972) stated

There seems to be some sympathy for the psychologist having discretionary power to withhold confidential verbal communication from parents, even by those who would grant parents complete access to the written record. (p. 41)

McGuire (1974) surveyed forty-five mental health professionals concerning their attitudes and behaviors with regard to practical situations involving confidentiality with children in therapy. These professionals varied in age, years of experience and degree. It was found that the mental health workers in this sample tended to favor a position wherein child-clients are extended the same rights and privileges regarding confidentiality as adult clients. McGuire wrote that this position appears to be basically inconsistent with a strict interpretation of the APA Code of Ethics.

It should be noted that even though the therapists tended to respect the confidentiality of the minor-clients, their responses were quite variant. The author hypothesized that much of the variance was attributable to lack of agreement among professionals as to how they should behave. Within this sample, some individuals experienced considerable conflict regarding the nature of their relationship with a minor in therapy while others experienced virtually no conflict. This and other studies (e.g., Curran, 1969; McRae, cited in Clark, 1967; Eisele, 1974) reveal a trend among psychologists and counselors to maintain confidentiality of minors.

This trend to maintain confidentiality in psychotherapeutic relationships with minor clients exists despite ethical codes and legal standards which dictate welfare of the child to the parents or guardians. It is interesting that the prevailing practice of notification of parents in the treatment of minors for mental illness is just the opposite the procedure generally followed in the treatment of minors for physical illnesses. In the former case, notification is made only in emergencies, while in the latter case, lack of notification or informed consent in emergencies is legally excused (Slovenko, 1966).

Until more definite standards are officially adopted by mental health professionals, it would appear that the therapist will have to use the psychological age or the

condition of the client rather than chronological age in determining the approach to be taken in dealing with parents (Slovenko, 1966).

Ladd (1971) has presented the intriguing suggestion of drawing formal distinctions between the ways in which different age groups of children should be treated. He suggested that those who deal with minors should categorize them as young children (6 to 9), older children (10 to 13), and youths (14 to 17) and should delineate rights and prerogatives for each category. Under such a plan, a 15-year-old's problem may be treated with a confidentiality not appropriate to a 10- or 12-year-old. Ladd asserted that such a graded system

. . . would have at least the merit of forcing both parents and professionals to take account of a young person's expanding rights and to realize that . . . the time is coming for him to be . . . entitled to all the rights of adulthood. (p. 268)

Rosenberg and Katz (1972) pointed out that some minors are capable of acting autonomously and are capable of making decisions about psychotherapy. In considering the rights of children in general, Arthur (1973) wrote that the child should be given the freedom to choose between alternatives once he is about to "recognize each alternative, forecast its consequence, and compare the advantages and disadvantages" (p. 137). Without such maturity, however, the child's choice between available alternatives may be needlessly harmful to self or to others.

The issue thus becomes whether the minor-client is in fact capable of comprehending his/her position and is thereby competent to undergo psychotherapeutic treatment with the assurance of confidentiality afforded an adult. The traditional concern of society with the protection and welfare of minors is based on the notion that the minor must be protected against his own innocence and lack of experience. If the therapist can establish the child-client's intellectual ability to contribute to and participate in the psychotherapeutic process, this concern would be unfounded. Moreover, there may exist the possibility that the minor in psychotherapy may need to be protected more against the divulgence of his private communications than his own innocence.

Thus, divergent opinions appear in the literature as to the status of the child in psychotherapy, and ethical standards and legal statutes are vague on the issue. Studies which have examined the attitudes and behaviors of psychologists and counselors have found that practitioners tend to respect the confidential communications of their child-clients. The capacity of the minor to comprehend the nature and consequences of treatment appears crucial in determining the confidential nature of the psychotherapeutic relationship.

School Counseling

Within the school setting, the counselor's responsibilities focus on growth process through which individual students or groups of students are assisted in (1) defining goals; (2) planning and implementing decisions; and (3) solving problems related to educational, career, and personal-social development (California State Department of Education, 1982). Some typical issues which may be worked through in counseling with adolescents are related to curriculum planning, vocational choices, family conflict, peer group pressure, or sexual confusion (Lewis, 1970). At the elementary level, there had been a lack of effort directed toward work with young children by counselors up until 10 to 15 years ago; however, one of the purposes of counseling remains to help the child make adjustments to life's demands that are acceptable to both self and society (Muro & Dinkmeyer, 1977).

Because the school is a public institution, the issues regarding confidentiality and self-disclosure become increasingly complex. While the previous discussion of minor clients remains pertinent, the public school setting is unique in that counselors are public employees working with other professionals in the area of education. Guildroy (1979) noted that as the school counselor deals with student, parents, teachers, administrators and colleges, the legal and ethical

considerations, particularly in regard to confidentiality, are difficult to untangle.

Ethical and Legal Aspects

The American School Counselors Association (ASCA) has an ethical standard which specifies different responsibilities to pupils, parents, school personnel, community, self and profession (1984). The code was just adopted by the ASCA Delegate Assembly in March 1984 and represents some significant adoptions from the previous ASCA Code of Ethics (1972).

The present code, in Section A, Responsibility to Pupils, stipulates that the school counselor

Has a primary obligation and loyalty to the pupil . . . , protects the confidentiality of information received in the counseling process as specified by law and ethical standards, [and] informs the appropriate authorities when the counselee's condition indicates a clear and imminent danger to the counselee or others. This is to be done after careful deliberation and, where possible, after consultation with other professionals. (p. 7)

Moreover, the current code specifically addresses the issue of confidentiality in responsibility to parents and colleagues. Significantly, the school counselor:

Informs parents of the counselor's role with emphasis on the confidential nature of the counseling relationship between the counselor and counselee, . . . treats information received from parents in a confidential and appropriate manner, shares information about a counselee only with those persons properly authorized to receive such information, . . . [and] promotes awareness and adherence to

appropriate guidelines regarding confidentiality, the distinction between public and private information, and staff consultation. (p. 7)

Such a code clearly indicates that school counselors are becoming increasingly aware of the essential nature of confidentiality in the counseling relationship and of the dilemmas which they sometimes face. This increased responsiveness by the ASCA organization is highlighted by contrasting the current stipulates with the previous code published more than a decade ago which was considerably more vague in stating that the school counselor

Should respect at all times the confidences of the counselee; should the counselee's condition . . . [endanger] . . . self or others, the counselor is expected to report this fact to an appropriate responsible person. (ASCA, 1972, unpagged)

Throughout, however, ASCA has maintained a position of student advocacy. In its 1976 position statement, the organization stated that it was

committed to be actively involved in that students be treated as citizens of the U.S.A., with all due rights, privileges, and responsibilities. Counselors are serving as advocates, activists, and catalysts for assuring these rights. . . . ASCA's position is that the counselor is the 'student advocate'--supporter, intercessor, pleader, defender--through speaking, writing, and action! (pp. 281-282)

ASCA's position, then, appears to be a strong one for the student, and the practices it promotes include improvement of record-keeping, release of student records' information/data in a law-abiding, discriminating manner, and the recording of positive,

nonvaluative evaluations on student records and documents. The association also clearly specifies the importance of enlightening students about rights and limitations by promoting

Student orientation to all rights and due processes open to him/her, i.e., how to get one's rights as a student; what to do if searched, seized, or interrogated; reviewing one's school records (or parental review of same); resources of assistance available to students; freedom to express one's views. (pp. 281-282)

While the promoted practices are geared towards advocacy of the student, ASCA also recognized the rights of parents. The ethical code states that the school counselor

Respects the inherent rights and responsibilities of parents for their children and endeavors to establish a cooperative relationship with parents to facilitate the maximum development of the counselee. (p. 7)

As far as the legal aspects, Nolte (1976) emphasized that students' rights and guidance counselors' responsibilities differ under various state laws. Although some topics may be addressed by some federal laws, issues which may vary for school counselors from state to state include privileged communication statutes, rights of parents, rights of school authorities, confidentiality of student records, freedom of information, due process, and legal ramifications of various kinds of counseling (e.g., drug, medical, sexual, moral). Litwack (1969) briefly reviewed the literature regarding state laws concerning school counselors' legal

status and client confidentiality. He concluded that professional associations need to assume leadership roles in a push for uniform legislation.

A decade ago, the AACD (then the American Personnel and Guidance Association, APGA) addressed the issue of privileged communication at a national conference. The committee report stated that privileged communication refers to information that belongs to the student. While it is shared with the counselor, it may be released only upon authorization by the student involved. The document also identified those states which had a communications privilege for school students and counselors (Shafer, 1974).

Haney (1970) asserted that privileged communication may not be what school counselors need, as it would protect the pupil-client, not the counselor. Further, information could not then be used to benefit the counselee. The recommendation was made that each state construct guidelines to give assistance in understanding issues of protection of confidential information to schools, especially school counselors. It should be noted that "at least half of the states in the nation" (p. v) have passed legislation giving pupils twelve years of age and older the right of limited confidentiality in their communication with school counselors (C.S.D.E., 1982).

A study by Frerqueron (1974) examined school counselors' ability to justify a need for statutory protection of privileged communication of their clients. The main arguments supporting privileged communication for students working with school counselors were that students would be reluctant to seek the school counselors' services if they feared their communications would be disclosed; the counselor needs the ability to guarantee confidentiality in order to function in his professional role; Wigmore's (1961) criteria for privileged communication are satisfied by the counseling relationship; and the very nature of the counseling relationship necessitates the assurance of confidentiality. Further arguments were cited in comparing the school counseling relationship to established privileged professional relationships (i.e., attorney/client, physician/patient, and psychologist/client). Arguments opposing privileged communication were: the school counselor lacks professional standards; privileged communication acts as an obstruction to justice and also restricts the counselor's ability to consult with other individuals; and a strong code of ethics is better protection than legislation.

Confused Allegiance

Kottler (1980) noted that the school counselor functions as a therapeutic model in many diverse roles, and thus counselors must present an image of confidence and competence to their clients. The unclarified question remains who is the primary client--the student, the parent, or the school? Various authors have taken positions all along the continuum, and research suggests that practicing counselors themselves have an inconsistent perception of primary allegiance.

Shertzer and Stone (1976) examined both sides of the question of whether the counselor should champion the individual student or give primary loyalty to the school. One side of the argument is that counselors' primary obligations are to respect the integrity and promote the welfare of counselees, even if they are students. Further, if the school counselors cannot provide the essential component of confidentiality while counseling students, then their effectiveness is severely and perhaps irreparably curtailed. On the other hand, the argument could be made that the counselor is a member of the school faculty and consequently has basic loyalty to the employing institution. Moreover, privileged communication for school counselors has not been given legal status in many states. The authors concluded

Within the school setting, where the counselor deals with minors' sexual behavior, delinquent acts, and the like, there are no easy

solutions. Each situation must be considered on its own merits, and each decision must be based upon the client's welfare and not upon the counselor's welfare. . . . when they are forced to break confidence, they destroy the counseling relationship probably for all time. (p. 184)

Christiansen (1972) also explored both sides of the issue, noting there are instances wherein it may be advisable to break students' confidences to other school personnel. Kaplan (1974), however, wrote that the ethical duty to protect the confidences of pupil-clients would force counselors to deny some requests of teachers. He suggested counselors explain their feelings concerning ethical behavior, especially confidentiality, in a nonthreatening manner, personally and directly to the staff. Slovenko (1966) took a similar, though more extreme, position by stating that it is not the responsibility of teachers to delve into a pupil's emotional problems and the pupils "are not patients in relation to the teacher while they are being taught" (p. 66).

Gunnings (1971) declared strongly that the school counselor should in no way act as "an arm of the administration." To do so would sacrifice his/her effectiveness. Rather, the only definitive manner in which to ensure confidentiality is to insist that no information be passed on to any one without the written permission of the student involved. Gunnings concluded that the responsibility of any counselor should be only

to the client--school counselors and student clients inclusive.

The degree of allegiance to the student versus the school has been explored in research of professionals' attitudes. A study by McRae (cited in Clark, 1967) entailed a survey of the attitudes of both counselors and school administrators toward confidentiality with pupil-clients. The results of this study indicated that almost all the counselors (95%) and a majority of the administrators (68%) agreed that a counselor should treat information obtained in a counseling interview (and the records of such information) as confidential to be discussed with no one except the student in counseling. Furthermore, the counselors were united in their disagreement (92% disagree)--though a majority of administrators were in agreement--regarding the position that a counselor ought to furnish any information obtained in a counseling situation to parents or the principal upon legitimate request. Clark made a point that the official position of the counseling profession is one of limited confidentiality to minors; that is, when a pupil is a minor with the attendant legal, moral, and other responsibilities on the parent and school, such information must be shared with them in some form or manner. Nonetheless, these counselors did not support the official position, instead taking the position that

they should maintain complete confidentiality of information received during counseling.

Hart and Price (1970) compared principals' expectations of counselor dimensions with ideal counselor roles as seen by counselor educators. Confidentiality was one area in which principals and counselor educators differed; indeed all principals "differed markedly" from the ideal role as viewed by counselor educators.

Within the college or university setting, the psychotherapist often has conflicting roles. Blaine (1964) pointed out that, although maintaining the private, confidential nature in therapy is a primary responsibility of the therapist, various situations may arise wherein communicating student information to administrators is necessary. Szasz (1967) examined the role of the college psychotherapist, describing him as a double agent with divided loyalties between students (including minor students) and the institution. He contended that college-employed therapists are so willing to break confidences of their patients whenever they personally consider it in the best interest of the patient, the institution or the community, that "any reference to 'confidentiality' is absurd" (p. 18).

Besides the allegiance to the institution of the school lies the question of parental rights. While diverse opinions are present in the literature regarding minor clients in general, within the school setting,

parental rights tend to be acknowledged, although with varying degrees of intensity. When the psychotherapeutic relationship exists between student and counselor or school psychologist, Blue (1973) and Goslin (1971) both emphasized the importance of obtaining parental consent and only secondarily mention that the consent of the students is sometimes desirable. Along this same line, Trachtman (1974) has clearly stated that he perceives the parent as the client when the child is undergoing counseling at school. The school, then, was viewed as an instrument for the satisfaction of the parent.

McDermott (1972), however, acknowledged that decisions as to whether or not to inform parents of facts or professed facts revealed by pupil-clients are difficult to make. While recognizing the importance of confidentiality, he asserted that the pupil-client should be informed that withholding confidence is not guaranteed. He stated that the school employee (counselor or psychologist) has neither the ethical or legal prerogative to make an absolute confidential agreement, nor does the child have the right to exercise such requests or to give consent. He concluded that parents "possess an unforfeitable right to all pertinent information regarding their children" (p. 29). St. John and Walden (1976) also emphasized the obligation to give parents "information which will assist them in their parental responsibilities" (p. 683).

Moore and McKee (1979) have offered case studies to illustrate the complexity of the school counselor's role and the rights of parents. They explored the difficulty of deciding at what point to break a student's private communications. Their case studies focused on child abuse and neglect, including what constitutes suspicion of abuse and how to differentiate between abuse and discipline. Considering counselor responsibilities as well as rights of students and their parents' rights, a major counselor concern is how to decide whether to breach student confidentiality in such cases.

Counselor Perceptions and Practices

Apparently school counselors have many questions about their obligation to parents, students, school personnel and outside agencies. Guildroy (1979) has offered case studies to assist school counselors in exploring their attitudes and judgements with regard to issues of confidentiality; he also addressed the ambiguities inherent in such cases.

Wagner (1981) studied the beliefs and behaviors of school counselors in regard to confidentiality using a questionnaire based on the American Personnel and Guidance Association's 1974 ethical standards as the referent. Results indicated that confidentiality was valued by most school counselors. Seventy percent strongly agreed that the same degree of counseling

confidentiality should be maintained with children as with adults. Data revealed significant differences, however, in behavior reported by counselors at different levels.

The patterns in the data suggest the elementary counselors show the least endorsement of this behavior, and the secondary school counselors the greatest endorsement. This suggests that as clients get older, school counselors are more likely to maintain the confidential nature of counseling relationships. (p. 306)

The question of whether the counselor was responsible only to parents or guardians for release of information obtained in child counseling met with "tremendous diversity." Neither was there agreement among respondents on the issue of whether questions regarding confidentiality with students could be resolved by considering the child's maturity and specific situations.

In terms of state laws pertaining to "privileged communication," elementary school counselors were significantly higher in their reports of being aware and informed, although 70% of all respondents agreed that they were satisfied with existing state laws. As far as decision making, elementary counselors were the most likely, and secondary the least likely, to involve parents in decision making; this pattern was maintained regardless of counselors' judgement about the value of involving parents. The author noted that the younger the

client, the greater the counselor's allegiance to parents. Wagner concluded the following:

When children and youth are the client, they should have control over the release of information that results from their choice to engage in the therapeutic process. Exceptions would result in cases in which they waived that right by free choice in cases of documented child abuse, or in cases of threat to self or society. . . . The professional associations (e.g., ASCA, ACES) and university trainers need to provide preservice and inservice training to school counselors so they may explore ethical counselor behavior. (p. 310)

It was recommended that regular sessions for counselors and related professionals to discuss troublesome cases may help reduce isolation and encourage sharing of intervention strategies.

A survey by Eisele (1974) examined the probable behavior of school counselors regarding the disclosure of confidential information. Ten real-life ethical situations were included on a questionnaire to a random sample of current members of the American School Counselor Association (ASCA). The results of this study showed that counselors would withhold confidential information to protect their clients' welfare. Two factors leading to the decision to reveal confidential information were: The possibility of harm to someone other than their client if they remain silent, and the internal pressure from the counselor's own value system, rather than external coercion. Once the decision to reveal or withhold information was made, most counselors

felt a strong sense of conviction in the correctness of their decision. Factors having little effect on the counselors' decision were personal and social variables and whether the counselor worked in a state with a privileged communication law.

Curran (1969) conducted a survey of the policies and practices of colleges and universities in the United States and Canada concerning confidentiality in student mental health services. The sample included various types and sizes of schools. The great majority of replies revealed that parents are not routinely informed of counseling, contacts for consultation, or short-term, outpatient, crisis-oriented treatment, though parents are generally notified of emergencies, such as hospitalization or suicide attempts. The majority of schools held this position even when the college students were minors. A few schools who do not notify parents of minors noted that they were uncomfortable about the policy. One large eastern university stated

We realize that certain legal objections may be raised to our policy of not routinely notifying parents of minors about treatment or referral of their children . . . ; however, we feel our present policy is advisable and justifiable.
(pp. 1522-1523)

Another school's position was to "put therapeutic considerations first, and let other aspects, including legal ones, come later" (p. 1523).

Perceptions of students themselves have not been extensively studied but do provide an additional perspective. Conclusions from studies of student responses to declarations of childrens' rights suggests that within the school setting, safeguarding children's rights is the concomitant responsibility of children and parents, as well as school employees such as teachers, counselors and school psychologists (Nixon, 1982). As far as self-disclosure, high school students vary in the extent to which they make themselves known to significant others at home and at school regarding various aspects of their lives (Sparks, 1977).

Swager (1981), in reviewing how self-disclosure findings may be applicable to school counseling, concluded that counselors need to address specific questions relating to students' age. Trachtman (1974) suggested that the school psychologist or counselor examine each instance of his/her behavior with an elementary school child, then consider how he/she might behave differently if the client were a college student. Any differences in behavior must be defensible because the therapist is clearly differentiating between appropriate behavior with a child and an adult. Trachtman further recommended that the therapist consider whether the line should be drawn between elementary school and junior or senior high school.

Expectations and Explanations

Client Assumptions and Expectations

One of the most important characteristics of confidentiality is that the individual intended the information to be confidential within the framework of the relationship. In any therapeutic encounter, clients bring with them preconceived expectations formed idiosyncratically from life experiences. Fong and Cox (1983) noted that while clients' expectations range from blind trust of any counselor to distrust and suspicion regardless of evidence to the contrary, most clients fall in the middle range. That is, they are "willing to trust a counselor until their trust is abused" (p. 163), although some may first test the counselor's trust. Plaut (1974) stated that people typically expect confidentiality when they meet their therapist. Studies have indicated that subjects do have implicit expectations of confidentiality (Edelman & Snead, 1972) and that they simply assume that whatever they say will be held in confidence (Woods, 1977).

Using uncoerced and anonymous responses from a short questionnaire administered to a junior-level psychology class, Meyer and Smith (1977) explored what the term "confidentiality" meant to the respondents. The overwhelming majority (84%) assumed that confidentiality included a refusal to testify about a case even if validly ordered to do so by a court of law; only 16%

perceived confidentiality to mean therapist avoidance of discussion of cases in general conversation or in publications. Even professionals' perceptions of their clients suggest this same implicit assumption of confidentiality. In their survey of mental health professionals, Jagim et al. (1978) found that 95% of respondents indicated that they believed clients expected that therapy communications would remain confidential (64% very strongly agree, 29% strongly agree, 2% agree).

Pardue et al. (1970) pointed out that, historically, confidentiality has been viewed as implicit in all educational levels, apparently including both the counseling relationship and the maintenance of case records. Cass and Curran (1965) similarly focused on the doctor-patient relationship, noting that the trust of patients in their physicians rests in the concept of expected silence. It appears that the confidential relationship expected between the physician and patient may contribute to clients' expectations of confidentiality in any related advisory profession.

Perhaps patients in therapy confide more personally than any other individuals in society because they expose not only direct verbal expressions but also their entire selves, including dreams, fantasies, "sins," and shame (Guttsmacher & Welhofen, 1952). Typically, patients who enter psychotherapy know that such revelations are expected; without them, the clients cannot be helped. To

expect them to enter the relationship believing that what they said may be revealed in public could hardly be considered therapeutic.

Everstine et al. (1980) reminded that clients may inadvertantly, and inadvisedly, waive their right to privacy simply by entering in the psychotherapeutic relationship. Hence, these authors postulated that clients should be given sufficient opportunity for reflection on whether or not to waive their rights. Some authors (e.g., Seigal, 1979; Slawson, 1969; Szasz, 1967) have gone so far as to state that to adequately protect the client's confidentiality, therapists should have no communications with any third party.

Beyond clients' expectations of implicit confidentiality are the assumptions that help will be forthcoming from the therapist. While the instillation of hope is viewed as a facilitative condition for effective therapy (Yalom, 1975), the client may erroneously assume that the therapist can solve anything and everything. This unrealistic expectation may lead to unrealistic goals which could ultimately be deleterious to the client. Karasu (1980) pointed out that misleading expectations may be perpetrated by the therapist when the need to instill hope becomes intertwined with the aura of omniscience.

Even in group settings, members tend to expect confidentiality. Research has suggested that group

participants assume that confidences divulged in group therapy have the same protection as those made in individual sessions (Meyer & Smith, 1977). This assumption is questionable, however, because a privileged communication may be voided through disclosure to a third party, even where there is a statutory provision for privileged communication (Meyer, 1974). In effect, confidentiality is "lost" because the person has made the communication public by revealing it. While there are some exceptions to the third party rule, courts generally do not easily recognize these.

Clients appear to have higher expectations of mental health workers than of other professionals who might delve into personal histories. In a study of avowed self-disclosure, Edelman and Snead (1972) found that subjects revealed more personal information to mental health professionals in a simulated psychiatric interview than to individuals in a controlled employment interview situation. Moreover, this research revealed statistically that mental health professionals differed from the control group (personnel managers) in the extent of confidential information they avowedly elicited. Results clearly indicated that subjects would reveal more intimate information to mental health workers than to potential employers.

In general, then, clients seem to have an implicit trust and expectation of confidentiality in counseling.

Perhaps the mental set of assured confidentiality is based in our history or culture or rests in the precedence of other professional advisory relationships. Clients generally expect the mental health professional to help, reveal more to him/her than to other professionals, and assume that their disclosures will be kept confidential.

Counselor Explanations and Assurances

If clients do indeed have implicit expectations of confidentiality, certainly counselors have an obligation to address such expectations. Moreover, research suggests that counselors' verbal explanations and/or assurances may affect clients' perceptions and indeed their willingness to self-disclose. Findings, however, are inconclusive.

The ethical codes of various helping professions already examined consistently indicate that the professional not only has an obligation to maintain confidentiality of communications except in cases of danger but also has a responsibility to explain to clients the concept and limitations of confidentiality. For the public school setting, counselors should be particularly cognizant of the ASCA code which states that the school counselor:

 Informs the counselee of the purposes, goals, techniques, and rules of procedure under which she/he may receive counseling assistance at or

before the time when the counseling relationship is entered. Prior notice includes the possible necessity for consulting with other professionals, privileged communication, and legal or authoritative restraints. (ASCA, 1984, p. 7)

The earlier ASCA position statement also emphasized the importance of explaining limitation of counseling confidentiality as opposed to verbal assurances. School counselors were expected to review with students "any conflicting responsibilities as they relate to the legal and/or individual limits to confidentiality" (ASCA, 1976, p. 284). In addition, school counselors are expected to inform significant others--students' parents and school personnel--about the issues of confidentiality (ASCA, 1984).

Ware (1971) emphasized that when counseling minor clients, spelling out the limits of confidentiality from the beginning of the relationship has a major advantage. It allows the counselor to avoid the uncomfortable position of feeling forced to violate the youth's confidence at a later date. Likewise, McDermott (1972) stressed the importance of informing the minor client that maintenance of confidentiality could not be guaranteed, especially within a school setting.

For a group setting, Davis (1980) concluded that leaders must give an accurate presentation of confidentiality so members have the choice of how much they disclose to others. This is particularly relevant in that results of Davis' research indicated that members

who perceived that the leader was talking about them to others thought they could do the same thing--talk to their friends. The distinction, then, should be made between discussing cases for professional purposes and inappropriate violations of confidences.

In practice, school counselors seem to agree on the necessity of explaining the limits of confidentiality to their students. In Wagner's (1981) survey, all respondents, regardless of setting (elementary or secondary) stated that they do explain existing limits to their clients. Furthermore, 80% answered that they consider such factors as age, maturity and problem, when defining those limits.

Interestingly, little research actually addresses the effects of explaining limitations, although a number of studies have empirically investigated the effect of verbal assurances of privacy or confidentiality. Early research (Asch, 1951) suggested that people are much more likely to disclose nonconforming opinions, attitudes and judgements if requested to disclose in private rather than in public. Similarly, Baizerman (1974) suggested that anonymity offered to youths, such as over telephone hotlines, greatly increases self-disclosure. In a study of college women, Fidler and Kleinecht (1977) found that when requesting sensitive and possibly stigmatizing information, the interview technique which guaranteed anonymity produced the most responses to highly sensitive

questions. Singer (1978) also studied the impact of assurances of confidentiality upon response rate to personal questions. A lower non-response rate and a more favorable perception of requests for personal information were found among subjects who had been assured absolute confidentiality.

Woods and McNamara (1980) studied the effects of variations in the confidentiality condition on depth of self-disclosure of college students wherein the research condition was specifically designed to be analogous to the psychotherapeutic relationship. Open-ended questions, derived from Jourard's (1971a) self-disclosure questionnaire, were utilized, and subjects were randomly divided into three experimental conditions: No expectations, confidentiality assured, and no confidentiality. Subjects' responses to individual interviews were rated on depth of self-disclosure and intimacy level. Results revealed that depth of self-disclosure was significantly related to instructions regarding assurances of confidentiality. The authors concluded that lack of assured confidentiality was related to reductions in self-disclosure.

Meyer and Smith (1977) concluded, after administering a questionnaire to university students, that without assurances of confidentiality, self-disclosure in group therapy may be inhibited. Eighty-two percent of the respondents stated they would

either choose not to enter a group, or would enter with substantially less inclination to reveal information within the group, when they had been told that the information discussed would not be considered confidential. Even when confidentiality was pledged by the leader and group members, but the leader stated that he would reveal specific information in the unlikely event he were validly court ordered, 47% still would not enter or would enter with substantially less inclination to reveal information.

Other results have yielded less conclusive results. Edelman and Snead (1972) found that subjects did not require explicit assurances of confidentiality to self-disclose. Rather, subjects who were given no instruction revealed as much information as subjects who were explicitly informed that the information given was to be held confidential. Similarly, in a study by Woods (1977), subjects reported that they had assumed that whatever they said would be held in confidence regardless of confidentiality condition.

Even when advised differently, clients have refused to accept "flawed" or limited confidentiality (possibly unconsciously). In Meyer and Smith's (1977) study, respondents who were read a statement explaining the limits of confidentiality (that it is an ethical or professional concept and does not carry legal power or precedent) were asked to indicate whether or not they

expected the therapist to keep information confidential. Responses were the following: Eighty-eight yes, 9% undecided, and 3% no. As Noll (1974) has asserted, even clients who have been informed of the conditions of confidentiality are often not aware of the potential consequences of release of information.

The study by Kobocow et al. (1983) also attempted to measure the effects of varying degrees of assurance of confidentiality on frequency of self-disclosure. A self-disclosure questionnaire was administered to junior-high students who had been divided into three different conditions: Confidentiality explicitly assured, no instructions regarding confidentiality, and confidentiality explicitly not assured. Results did not support the main hypothesis that adolescents would more frequently disclose personal and possibly stigmatizing information under conditions of explicit assurance of absolute confidentiality. Rather, adolescents were found to be "very self-protective regardless of the degree of privacy given by an adult" (p. 441). The authors suggested, however that client expectations may have been related to subjects' failure to discriminate between conditions.

The quiet, secluded interview situation (perhaps similar to experiences with a guidance counselor) may have aroused strong expectancies of confidentiality, although instructions to many participants were to the contrary. The posttest questionnaire data, which reflect a highly significant over-occurrence of recall of

confidential instructions and a disproportionate underreporting of non-confidential and neutral instructions, is consistent with this interpretation. (p. 440)

Inconclusive results have been reported in a study by Graves (1982), in which college students were given low, moderate and high degrees of assured confidentiality during a personal interview. The author concluded that "although results were not statistically significant, a trend consistent with this hypothesis [that amount of client self-disclosure is directly dependent on the degree of assured confidentiality] was supported by the experimental results" (p. 68).

Even in the study by Singer (1978) in which a confidentiality-assured condition produced the lowest rate of nonresponding, the nonresponding occurred most frequently on items referring to specific behaviors rather than feelings or attitudes. It appears that explicit verbal assurances of confidentiality are not sufficient to overcome defensiveness in those areas wherein severe social sanctions may be imposed for actual deviance from accepted standards of conduct.

In a previous study by this author (Messenger & McGuire, 1981), children age 6 to 15 who were in counseling at a mental health center were individually interviewed on a confidentiality questionnaire. Results revealed that whether or not clients believe confidentiality has been adequately explained to them does not significantly affect their actual conception of

confidentiality. Rather, variables which were significantly related to conception of confidentiality were the child's perception of whether confidentiality had been maintained or violated, that is, the counselor's behavior. Children who believed that their confidentiality had been violated scored significantly low, whether the variable concerned experiences with the current counselor or with any counselor. Thus, verbal explanations of confidentiality "are not as important to children as real-life experiences with it" (p. 129). Similarly, Kobocow et al. (1983) projected that "early adolescents respond more to interpersonal/behavioral and visual cues proved by the interviewer/therapist than to verbal assurances of confidentiality when gauging their degree of self-disclosure" (p. 441).

The relevant literature indicates that clients typically assume their disclosures will be kept confidential by counselors. While most clients typically trust counselors implicitly, they apparently have an unclear understanding of the meaning of confidentiality. Consequently, counselors have a responsibility to address such client expectations. Indeed, ethical codes clearly stipulate the professional's obligation to explain the concept and limitations of confidentiality. Research exploring counselors' verbal explanations and/or assurances of privacy suggest that clients' perceptions and willingness to disclose may be affected; however,

findings are inconclusive. Some research suggests that expectations may be so strong, they do not change regardless of degree of assured confidentiality, and other research suggests that real-life experiences may be more important to clients than verbal discussion.

Summary of the Related Literature

This review of the related literature has attempted to bring clarification to the dynamics of trust in a counseling relationship by suggesting that expressiveness and self-disclosure are crucial to process and outcome yet can be affected by a number of variables (e.g., sex, age, ethnicity or technology). Intricately tied to the aspect of trust is the counselor's responsibility to protect client self-disclosures and maintain the confidentiality of communications.

The issue of confidentiality has received considerable attention in the published literature. Practitioners appear increasingly concerned, and most helping professions directly address confidentiality in their ethical codes. Even so, legal statutes and policies related to privileged communication and case records vary considerably across the nation.

As in the case of one-to-one counseling, group leaders have indicated confidentiality to be an essential component in the entire group process, particularly in regard to the development of trust among members and

their willingness to self-disclose. Expressiveness may be inhibited by fear of disclosure of confidential communications to others outside the group.

When the client is a minor, confidentiality issues are complex, and research indicates that children gradually evolve a conception of confidentiality in counseling as they mature cognitively. Studies which have examined the attitudes and behaviors of psychologists and counselors have found that practitioners tend to respect the confidential communications of their child-clients. Within the school setting, counselors apparently value confidentiality but have many questions about their obligations to parents, students, school personnel and outside agencies. The very recently revised ethical code for this group of professionals indicates increasing awareness about the responsiveness to the dilemmas often faced by school counselors, although legal aspects remain vague.

A final concern is that, in any therapeutic encounter, clients bring with them preconceived expectations, and research indicates that most clients typically assume their disclosures will be kept confidential by counselors. Consequently, counselors have an ethical responsibility to address such assumptions. Empirical studies suggest that counselors' verbalizations regarding confidentiality and privacy may affect clients' perceptions and willingness to disclose.

Findings are inconclusive, however, and real-life experiences with confidentiality may be more important to minor clients than verbal discussion. Thus, while counselors are ethically bound to address the topic of confidentiality with their clients, it cannot be concluded that verbalizations are adequate to change clients' expectations and improve the counseling relationship, specifically with respect to the component of trust.

When considering future directions in the area of counseling confidentiality with children, particularly in a school setting, two directions appeared clear. First, there was a need to determine whether direct instruction about confidentiality (as opposed to verbal assurances) would benefit students with either increased knowledge or trust. Second, investigation of the significance of a behavioral element, specifically enactment of case situations by the clients, was needed. Such steps seemed particularly helpful in bridging research and theory regarding trust and confidentiality with actual practice of counselors in the schools today.

CHAPTER III

METHODOLOGY

While confidentiality has generally been considered important to the development of trust during the counseling process, maintaining the confidentiality of child-client's communications has been of concern to counselors in both private and public settings. Within the school setting, more research is needed to determine what effects the things counselors say and do about confidentiality have upon students' knowledge and perceptions. This study investigated whether the issue of confidentiality as presented by counselors' instructions, and by group members' role playing, had an effect upon (1) knowledge of confidentiality in a counseling relationship and (2) perception of group trust.

Research Design

This study used a control group, posttest-only design. To allow for continuity in development of a counseling relationship, students selected for this research previously participated in a six-session, structured classroom guidance unit with their school counselor. Students from each class were stratified by

sex and race and randomly assigned to one of two experimental groups or a control group. Prior to actual treatment conditions, all students in each class completed an instrument assessing attitude toward group environment, specifically perceptions of member cohesion and leader support. While this was not a pretest to measure treatment effects, it was used to determine whether there were initial differences among groups prior to treatment. If significant initial differences were observed, analysis of covariance would have been utilized with the posttest data.

The experimental design is depicted in the following table:

TABLE 3-1 EXPERIMENTAL DESIGN

Group	Independent Variable	Posttest
(R)* E ₁	X ₁	Y ₂
(R) E ₂	X ₂	Y ₂
(R) C	--	Y ₂

*(R) refers to random assignment.

Population

The population for this study was sixth-grade students who had participated in optional introductory classroom guidance units in Orange County Public Schools (O.C.P.S.) for the 1983-1984 school year. The program, developed by Dr. Robert Myrick, Professor, Counselor Education Department, University of Florida, and Ms. Harriette Merhill, Coordinator of Guidance, O.C.P.S., emphasizes counselor-led classroom guidance on student attitudes, with six sessions for each grade level (Myrick & Merhill, 1983). At the sixth-grade level, sessions focus on improving study habits, with topics such as "Planning your Study" and "Coping with Stress." For the 1983-1984 school year, 38 of 67 elementary schools had counselors implementing the optional introductory unit within at least one sixth-grade classroom.

The sixth-grade level was selected for research for several reasons. Previous research (Messenger & McGuire, 1981) suggested that at this age, children are in a transition phase in developing their conception of confidentiality in counseling. Further, the classroom guidance units at this level were judged by the researcher to be the least personal and private of the available units, with sessions being focused on school and academic improvement. Consequently, there was less likelihood that issues related to confidentiality would have surfaced previously in this group.

The Orange County Public School system serves 88,485 students in grades kindergarten through twelve, with 6,458 students counted within the sixth grade (OCPS, 1984). Most recent data about this grade indicate the following demographic breakdown: male 50.70% (3274), female 49.30% (3184; and white, non-Hispanic 69.74% (45.04), ethnic minority--including Black, Hispanic, Asian/Pacific Islander, American Indian--30.26% (1954). While a demographic breakdown of sixth-grade students in the identified 38 schools is not available, these percentages by sex and race encompassing all sixth-grade students in the 67 elementary schools were judged by the researcher to be adequate approximations of the 38 schools in the researched population.

Sampling Procedure

The sample of students was drawn from the 38 elementary schools in which counselors had led the classroom students. All 38 counselors were offered the opportunity to participate in follow-up sessions to the classroom units. This offer was made at the beginning of a mandatory staff-development session for all elementary counselors in the county, set up by the Coordinator of Guidance. For counselors not in attendance, a letter of explanation, an outline of procedures, and a response form were sent out. Incentives offered to the counselors included county staff development credits for

recertification, a letter of recognition to the school principal, and the opportunities to further develop counseling and research competencies and to contribute to increased knowledge about the student/counselor relationship. Of the 12 counselors who indicated a positive interest, eight were randomly chosen to participate in this study. It was judged that random selection of classrooms from volunteering counselors was appropriate to allow the researched student to be representative of the population. The demographic data about the sample, depicted in Table 3-2, reflect a close approximation to the statistics of the identified population.

After random selection of the eight classes (one from each school) was completed, the participating counselors provided the researcher a list of the students in the class (see Appendix A) identifying for each subject the following: First name (and last initial if necessary), Sex (male/female), and Race (white/ethnic minority). Using this information, each class was divided into thirds, with students randomly assigned to one of two treatment groups or a control group. An attempt was made to equalize the groups by sex and race as much as possible, as some, though inconclusive, research has suggested that levels of self-disclosure may significantly differ based on these variables. Although

TABLE 3-2 DISTRIBUTION OF SAMPLE BY SEX, RACE AND EXPERIMENTAL CONDITION

SEX	FREQUENCY	CUMULATIVE FREQUENCY	RELATIVE FREQUENCY (%)	CUMULATIVE FREQUENCY (%)
M	85	85	52.8	52.8
F	76	161	47.2	100.0

RACE				
W	101	101	62.7	62.7
EM	60	161	37.3	100.0

GROUP				
E ₁	55	55	34.2	34.2
E ₂	55	110	34.2	68.3
C ₂	51	161	31.7	100.0

all students in each class were assigned to a group, some did not participate on the day of the study due to absenteeism or failure to return the permission form. In such cases, students were simply dropped out of the study, and no attempt was made to reassign students among groups. Table 3-3 depicts distribution of subjects according to treatment condition. As random assignment of subjects is the most powerful method to control for confounding variables (Campbell & Stanley, 1963), in this study, random assignment of pupils to groups, after stratifying sex and race, was considered adequate control

for other variables such as levels of socio-economic status, school achievement, and intellectual functioning.

It is noteworthy that in the structured guidance units, students had previously been divided into "teams" for various activities. The researcher, however, mixed these teams and redivided subjects into the treatment conditions to control for the possibility that group norms may have already been established in some of the teams.

TABLE 3-3 DISTRIBUTION OF SUBJECTS INTO EXPERIMENTAL CONDITIONS ACCORDING TO SEX AND RACE

GROUP	SEX		FEMALE		RACE		ETHNIC MINORITY	
	MALE N	%	N	%	WHITE N	%	N	%
E ₁	28	50.9	27	49.1	35	63.6	20	36.4
E ₂	27	49.1	28	50.9	33	60.0	22	40.0
C	30	58.8	21	41.2	33	64.7	18	35.3
TOTAL	85	52.8	76	47.2	101	62.7	60	37.3

It is also probable that students selected for the study ran the range from non-participation in some of the six class sessions (i.e. a new student to the school or one with frequent absences) to involvement with the counselor in a more intimate relationship than would occur during the class session (i.e. a student in individual counseling or one participating in a problem-focused small group). Nonetheless, through random assignment,

such extremes in existing level of counselor relationship were expected to even out statistically and, moreover, any differences in pretreatment perceptions of the group environment (including members and counselor) were assessed. In consideration of internal validity, the sequence of groups varied at each school.

Experimental Group 1 (E1) experienced the treatment whereby counselors instructed the students on the conception and limitations of confidentiality. Counselors verbally explained and outlined in writing their responsibilities regarding confidentiality and encouraged group discussion of a time members kept a secret. The limitation of confidentiality was then explained and group discussion of a time members may have broken a secret to help someone was encouraged.

Experimental Group 2 (E2) experienced the treatment whereby counselors provided this identical verbal emphasis and also reinforced the concept of confidentiality by member role playing. After group discussion, students were presented with two case examples and enacted the roles of counselor, teacher, principal and/or parent in each situation. For each case, students were requested to discuss whether confidentiality should be maintained or breached, giving a rationale for their decision based on the stipulates of confidentiality already instructed by the counselor.

Subjects in the Control Group (C) did participate in a

guidance session unit, but the topic of confidentiality was not addressed.

Criterion Instruments

Two instruments were used in this study: (1) the Child Confidentiality Questionnaire and (2) the Group Environment Scale.

The Child Confidentiality Questionnaire

The Child Confidentiality Questionnaire (CCQ) assesses the child-client's conception of confidentiality within a therapeutic relationship (see Appendix B). It had been designed by this author for previous research purposes (Messenger & McGuire, 1981), and had been found to have adequate reliability using a split-half procedure. For the entire population of subjects, the measure of internal consistency was $r = .79$. When reliability coefficients were calculated for age groups, differences among groups were apparent. These measures were as follows: (a) age 6-8 years, $r = .74$; (b) age 9-11 years, $r = .72$; and (c) age 12-15 years, $r = .90$.

The questionnaire demonstrates content validity in that items tap the basic aspects of confidentiality found in the ethical standards of the American Psychological Association (APA, 1977). Five areas of confidentiality were identified using the standards, and four questions were designed for each area (see Appendix C). In this

way, the minor's understanding of confidentiality was assessed in relation to the ethical standards of confidentiality stipulated for clients of psychologists. That is, the child's concept of confidentiality was examined according to the stipulates for confidentiality for psychologists' clients, regardless of age. The five areas of confidentiality identified from the APA ethical standards are the following:

1. It is the psychologist's responsibility to safeguard information about the client that has been obtained during psychotherapy (Principle 5);
2. information received in confidence should be revealed only when there is clear, imminent danger (Principle 5, Section A);
3. the confidential information is discussed only for professional purposes and only with those clearly concerned with the case (Principle 5, Section B);
4. the confidential information should be released only when the client has given his/her express permission (Principle 5, Section D); and
5. it is the psychologist's responsibility to inform the client of the limits of confidentiality (Principle 5, Section D).

Other questions besides those designed for assessing the child's conception of confidentiality were included in the questionnaire for the purpose of avoiding boredom, confusion, or suspicion in the child. While the confidentiality questions focus on the counselor, the "blind" questions focus on school-related topics, especially the teacher, the classroom and homework. The

questionnaire yields a total confidentiality score as well as subsection scores for each of the five areas of confidentiality. The child's answers to the questionnaire are scored as either "1" or "0" where "1" indicates a response in line with the APA Ethical Standards and "0" does not (see Appendix C). As there are twenty scored questions, a total confidentiality score can range from 0 to 20; each of the five subarea scores can range from 0 to 4.

Group Environment Scale

The Group Environment Scale (GES) is comprised of ten subscales that "measure the social-environmental characteristics of task-oriented, social, and psychotherapy and mutual support groups" (Moos, 1981, p. 1). While the GES has three forms, the Real Form (Form R), was used for this research as it assesses people's perceptions of actual group settings.

Content validity is demonstrated by the construction of the scale. Items were developed from information gathered in structured interviews and observations of members and leaders in various groups. Additional items from the Social Climate Scales (Moos, 1974b) were also adapted. Originally, Form A contained 211 items which were administered to participants in 30 groups. A variety of settings were tapped: Task-oriented groups

(e.g., a student executive council); social and recreational groups (e.g., chess clubs or boys' and girls' sports teams); and psychotherapy and mutual support groups. The length of time of the groups ranged from one week to five years. Group size ranged from eight to 50 members. Leadership ranged from no identified leaders, leaders elected by the membership and leaders appointed by others outside the group. Five psychometric criteria (described in detail in the manual) were used to select items for the final form of the GES, and all criteria were met (Moos, 1974a). Normative data (described in detail in the manual) were collected for members in 130 groups and leaders in 112 groups.

While ten subscales are available from the GES, only four were utilized for this research. Permission was granted by the publisher, Consulting Psychologists Press, Inc., Palo Alto, CA, to reproduce these copyrighted items in briefer questionnaires for the purpose of this research study only. The following four subscales were utilized:

Cohesion

the degree of members' involvement in and commitment to the group, and the concern and friendship they show for one another;

Leader Support

the degree of help, concern, and friendship shown by the leader for the members;

<u>Expressiveness</u>	the extent to which freedom of action and expression of feelings are encouraged; and
<u>Self-Discovery</u>	the extent to which the group encourages members' revelations and discussions of personal information. (Moos, 1981, p. 2)

Reliability of subscales is addressed in Table 3-4. This shows the internal consistency (Cronbach's Alpha) for each of the subscales and test-retest (one month interval) reliability of individual scores. The manual states that the internal consistencies and test-retest reliabilities "are all in an acceptable range" (Moos, 1981, p. 6). Moreover, another important characteristic is the stability of the profile. Stability measures reported in the manual (on research by various authors) indicate "mean profile stability was .92 after 4 months, .91 after 8 months, .84 after 12 months, and .78 after 24 months" p. 6).

TABLE 3-4 SUBSCALE INTERNAL CONSISTENCIES AND TEST-RETEST RELIABILITIES FOR THE GES, FORM R

Subscale*	Internal Consistency (Cronbach's Alpha) (N=246)	1-Month Test-Retest Reliability (N=63)
Cohesion	.86	.79
Leader Support	.74	.73
Expressiveness	.70	.67
Self-Discovery	.83	.83

* Each subscale has nine items.

Because the GES can be separated into subscales which reflect adequate internal consistency and test-retest reliability, the subscales can be utilized independently. For the purpose of this research, a pretreatment instrument, the Group Environment Questionnaire (GEQ), was developed by combining the subscales of Member Cohesion and Leader Support (see Appendix D). While this instrument is not as comprehensive as the entire GES, it was judged to be adequate to assess students' perceptions of their group situation prior to experimental conditions. In this way, any initial differences in students' attitude toward group members and the leader could be assessed and, if necessary, posttest measures could be statistically corrected.

Similarly, two other subscales of the GES were combined to yield the other posttreatment instrument: the Group Trust Questionnaire, GTQ (see Appendix E). As is consistent with findings in the relevant literature, group trust was operationally defined by this researcher to be a combination of Expressiveness (self-disclosure) and Self-Discovery.

Procedures

This study was conducted over a two-week period, with no two schools participating on the same day. The scheduling of groups, in terms of time of day, counseling

room, and teacher and principal contact, was left to the discretion of the participating counselor. However, each of the three groups (two experimental and one control) from each classroom were seen consecutively in one day.

All participating counselors attended a one-hour training session which allowed for review of procedures in detail and practice through role playing (see Appendix F). The week before the study, the counselor briefly spoke with all students in the participating classroom. All subjects were told that the class had been specially selected to participate in a project with the counselor which would entail separating into small groups different from their previous "teams" for one more session and answering some questions on paper-and-pencil tasks. At this time, the parent permission forms (see Appendix G) were distributed and explained to students.

In order to protect the anonymity of respondents, students were each assigned a code number, with the master list being available only to the researcher. Each code number was four digits, whereby the first digit represented the experimental condition (1-3), the next two digits represented the student's placement in the class list (01-32), and the final digit represented the school number (1-8). For example 3075 would indicate condition number 3 (control), student number 7, and school number 5.

On the day of the study, the counselor was given the list of students assigned to each group by the researcher. After introducing the researcher to the students in the participating class as "a friend of mine who works at another school," the counselor exited. The researcher then followed standardized instructions (see Appendix J) to build enthusiasm, explain in general terms the purpose of the research, and instruct in the method of completing the questionnaire. The researcher then administered to the class the GEQ pretest. Anonymity of participants was retained by having the subjects remove their name stickers from the questionnaires while the code numbers remained printed on them. To control for variations in reading level, each item was read aloud by the researcher before students responded. After the completed questionnaires were collected, students were instructed to remain at their desks doing individual seat work (as prearranged with the teacher) except for those times they were called out for their group session.

The counselor reentered, announced the students' names for the first group, and led them to a separate counseling room. After the session, the counselor returned the students to the classroom, called for the next group, and continued the cycle. Students were requested not to talk until the project was over, and the researcher remained in the classroom while the counselor led the sessions with each group.

The guidance units were designed by the researcher with a general sequence of introduction, activity, and closure. The independent variables of counselors' instructions about confidentiality for E1 and the combination of counselors' instructions and members' role playing for E2 varied. Appendix H describes the guidance unit for each experimental condition in detail, and Appendix I shows the case situations for E2.

Upon completion of all guidance sessions, the researcher administered the two posttests according to the standard instructions (see Appendix J). As with the pretest, student code numbers rather than names were utilized, and individual items were read aloud before students responded. Administration of these two instruments to the students as a classroom unit was considered to be most time efficient and most realistic (simulating the experience of test taking). Motivation was maintained throughout by the use of small concrete reinforcers (cartoon stickers or coupons from a fast food restaurant); these were revealed prior to the posttest, reemphasized between questionnaires, and given out upon completion. To conclude, students in the class were debriefed about the study by the researcher and any student questions were answered openly and honestly.

Hypotheses

Knowledge of confidentiality and perception of group trust were evaluated as a function of treatment condition, subjects' sex, and subjects' race. The following null hypotheses were investigated:

- HO₁: No relationship will exist between counselors' explanation of confidentiality (ethical responsibility and limitations) and subjects' knowledge of confidentiality as measured by CCQ scores.
- HO₂: No relationship will exist between the combination of counselors' explanation and members' role playing case situations about confidentiality and subjects' knowledge of confidentiality as measured by CCQ scores.
- HO₃: No relationship will exist between subjects' sex and their knowledge of confidentiality as measured by CCQ scores.
- HO₄: No relationship will exist between subjects' race and their knowledge of confidentiality as measured by CCQ scores.
- HO₅: No relationship will exist between counselors' explanation of confidentiality (ethical responsibility and limitations) and subjects' perception of group trust as measured by GTQ scores.
- HO₆: No relationship will exist between the combination of counselors' explanation and members' role playing case situations about confidentiality and subjects' perception of group trust as measured by GTQ scores.
- HO₇: No relationship will exist between subjects' sex and their perception of group trust as measured by GTQ scores.
- HO₈: No relationship will exist between subjects' race and their perception of group trust as measured by GTQ scores.

Data Analysis

In addition to the pretreatment scores of perception of group environment, this research gathered the

following data for each subject: (1) a total confidentiality score; (2) subarea confidentiality scores; (3) a group trust score; (4) subscale scores of group trust; (5) sex; and (6) race.

The use of the Statistical Package for Social Sciences, SPSS, (Nie et al., 1975) computer program was arranged with Orange County school to assist with data analysis. SPSS, which is an integrated system of computer programs, was judged to have a number of advantages for data analysis in this study. Nie et al. (1975) identified that it allows many different types of data analyses in a simple and convenient manner, it allows much flexibility in the format of data, and it offers the researcher a large number of statistical routines commonly used in the social sciences.

As Isaac and Michael (1981) noted, "many times, in studies suitable for analysis of variance, there will be initial differences between groups on pretest criteria." (p. 183). The pretest criteria in this case were measures of students' attitude toward group environment, that is, scores on the Group Environment Questionnaire. As each subscale of this instrument (Cohesion and Leader Support) has a maximum of 9 points, the total score of the GEQ could range from 0 to 18. Analysis of variance was performed using these scores to identify any significant differences among groups for the independent variables of experimental conditions, sex, and race. If

analysis of variance had revealed significant differences on this pretreatment instrument among groups prior to the treatment, then the analysis of covariance procedure would have been used to adjust to the posttest scores to permit the comparison of the groups.

Each subject had a total Child Confidentiality Questionnaire score within the range of 0 to 20 and subarea scores within the range of 0 to 4. Using both total and subarea scores from the CCQ as dependent variables, analysis of variance was performed to find significant differences among groups for the independent variables of experimental conditions, sex, and race. Main effects (i.e., experimental condition, or sex or race) as well as two-way interactions (e.g., experimental condition and sex, or sex and race) and three-way interactions (e.g., experimental condition and sex and race) were investigated. A confidence level of $p < .05$ was considered significant. In cases where a significant difference of the group main effects was evident, a posteriori contrast test was conducted (using the SPSS "One-Way" program) which allowed for a systematic comparison of all possible pairs of group means. The Scheffe Procedure ($\alpha = .10$) was used for further analysis to identify which group had significantly lower or higher scores than the other groups. Scheffe's test was selected as it is the most conservative one for this type of analysis (Kirk, 1968; Winer, 1971). In cases

where a significant interaction effect was noted, the SPSS program "Breakdown" was utilized so that means, counts and standard deviations could be obtained (Nie et al., 1975) and two-way t-tests ($p < .10$) could be calculated for subgroups.

As far as the other posttest, each subject had a total group trust questionnaire score in the range of 0 to 18, with subscale scores (Expressiveness and Self-Discovery) ranging from 0 to 9. Using both total and subscale scores from the GTQ as dependent variables, analysis of variance was performed to find significant differences among groups for the independent variables of experimental condition, sex and race. Main effects, two-way interactions, and three-way interactions were investigated, with a confidence of $p < .05$ being considered significant. The Scheffe test ($\alpha = .10$) was used for further analysis, where a significant difference of group mean effects was evidence, and the "Breakdown" procedure was used with supplemental t-tests ($p < .10$) for further analysis where significant interactions were identified.

Methodological Limitations

This study has several limiting factors. The measures of child-clients' knowledge of confidentiality and perception of group trust are not perfect. The CCQ assesses the child's conception of confidentiality

according to the stipulates for confidentiality for psychologists' client, regardless of age. As far as the GES, subscale reliability is not perfect, although it is high. Moreover, both the CCQ and the GES are self-report indices. As Sellers (1982) pointed out, "responses to self-report indices may not be accurate since they rely on the subjects' degree of self-awareness and willingness to divulge aspects of their personal and interpersonal behavior" (p. 52).

Strongest concerns may be with limitations of external generalizability. Readily evident is the fact that the eight participating counselors, from the population of 38 doing the structured guidance units, were volunteers. Campbell and Stanley (1963) note that "generally speaking, the greater the amount of cooperation involved, the greater the amount of disruption of routine, . . . the more opportunity there is for a selection-specificity effect" (p. 19). Such an effect may well have occurred in this study. However, it was judged by this researcher to be the best practice to have interested, cooperative counselors since the study was one focusing on the counselor/client relationship. Moreover, sampling representativeness was increased by randomly choosing participating counselors from the list of all volunteers and by having a sufficient number of different schools participating, rather than all subjects from only one or two schools.

A second threat to external generalizability concerns reactive arrangements. Campbell and Stanley noted "a most prominent source of unrepresentativeness is the patent artificiality of the experimental setting and the student's knowledge he is participating in an experiment" (p. 20). This is considered to have been a minimal threat by this researcher. Although the students may have been alerted to the idea of a research situation by the parent permission, the actual research guidance session was designed to appear to students as an extension of the classroom units in which they had already participated. Further, as Campbell and Stanley have noted, this threat is reduced when the treatment conditions are "conducted by regular staff of the schools concerned" (p. 21), as did occur in this study.

A third threat to external generalizability is the possibility of pretest sensitization effects. However, it was judged most appropriate to have a measure of pretreatment equality or inequality of groups. The pretest assessed only members/leader perception prior to treatment in order to control for previous norms which may have been established between counselors and students. It was not used to measure changes due to treatment conditions.

A fourth threat is that "the more obvious the connection between the experimental treatment and the posttest content, the more likely this effect becomes"

(p. 21). In defense, however, two factors should be considered: The CCQ has an equal number of blind questions focusing on the teacher and school as it does confidentiality questions focusing on the counselor; and delay of the posttest would be a significant confounding variable, as subjects from different experimental conditions would have had the opportunity to intermingle and discuss their group experiences before assessment. Finally, Woods (1977) pointed out that in some aspects, a study such as this may appear a bit artificial. Students were not asking for help with their problems, and the experiment was a one-time session instead of a series of sessions which would more closely parallel on-going counseling. Nevertheless, the arguments stand that the identified population is one that has established some counselor/client relationships through the structured classroom units and that the purpose of the study was to determine whether direct address of confidentiality in a guidance unit does indeed impact students.

CHAPTER IV

RESULTS

The purpose of this study was to investigate whether subjects grouped by three independent variables (experimental condition, subject sex and subject race) significantly differed on two dependent variables (knowledge of confidentiality and perception of group trust) in a sample of sixth-grade students who had a preexisting group counseling relationship with their school counselors. Pretreatment data (attitude toward group environment) were also obtained. One hundred and sixty-one students participated in this study, with all subjects having complete data on all variables. Data analyses were conducted as outlined in Chapter III.

Group Environment Questionnaire

Analyses of variance on the pretreatment instrument, the GEQ, yielded no significant differences for subjects grouped by any of the independent variables--subjects' assigned experimental condition, subjects' sex or subjects' race. Table 4-1 shows the mean total GEQ scores for each of the groups, including statistics of the analyses of variance (ANOVA). As equivalence of

groups assigned to experimental conditions is considered particularly important, Table 4-2 further breaks down the GEQ into mean scores by subscales for these groups.

TABLE 4-1 MEAN GEQ TOTAL SCORES WITH ANOVA STATISTICS FOR GROUPS BY SUBJECTS' EXPERIMENTAL CONDITION, SEX AND RACE

EXPERIMENTAL CONDITION	MEAN GEQ SCORE	ANOVA STATISTICS
C	13.7451	
E1	13.7273	$F = .104$
E2	13.4909	$\frac{df}{p} = 2/158$
Total Mean	<u>13.6522</u>	$p < .9013$

SEX

M	13.3294	$F = 1.819$
F	14.0132	$\frac{df}{p} = 1/159$
Total Mean	<u>13.6522</u>	$p < .1794$

RACE

W	13.8218	$F = .751$
EM	13.3667	$\frac{df}{p} = 1/159$
Total Mean	<u>13.6522</u>	$p < .388$

TABLE 4-2 MEAN GEQ SUBSCALE SCORES WITH ANOVA
STATISTICS ACCORDING TO SUBJECTS'
EXPERIMENTAL CONDITION

EXPERIMENTAL CONDITION	SUBSCALE: MEMBER COHESION	SUBSCALE: LEADER SUPPORT
C	6.451	7.294
E1	5.964	7.764
E2	6.164	7.327
Total Mean	6.186	7.466

ANOVA STATISTICS

$F = .521$	$F = 1.715$
$\frac{df}{p} = \frac{2}{158}$	$\frac{df}{p} = \frac{2}{158}$
$p < .595$	$p < .183$

As no significant differences were identified in student attitude toward group environment prior to treatment, as assessed by the GEQ, it was not necessary to utilize the analysis of covariance procedure for additional statistical analysis of posttest measures.

Child Confidentiality Questionnaire

The distribution of mean CCQ scores according to experimental condition of subjects is shown in Table 4-3. Analysis of variance of the total score means for experimental condition indicated a significant difference ($F = 3.056$; $df = 2/149$; $p < .027$). Further analysis (Scheffe's test; $\alpha = 0.10$ level) revealed that the

scores of the Control Group (C) and Experimental Group 1 (E1) were not significantly different; nor were the scores of the E1 group and the Experimental Group 2 (E2) significantly different. Interestingly, however, the total mean score of the control group was significantly lower than the total mean score of the E2 group. Except for this main effect of experimental condition, no other significant differences were identified for main effects of sex or race or for two-way or three-way interaction effects upon total CCQ mean score.

Separate analyses of variance across groups for each subarea of the confidentiality questionnaire were completed. For Area 1 (counselor responsible for safeguarding information about client) and Area 5 (counselor responsible for explaining limits of confidentiality), analyses of variance revealed no significant differences among experimental conditions, between sexes or between races.

TABLE 4-3 MEAN CCQ TOTAL AND SUBAREA SCORES ACCORDING TO EXPERIMENTAL CONDITION

AREA	C (N=51)	E1 (N=55)	E2 (N=55)	TOTAL MEAN (N=161)
1	2.980	3.073	2.836	2.963
2	2.902	3.182	3.473	3.193
3	3.059	3.255	3.273	3.199
4	2.902	3.127	3.364	3.137
5	<u>3.353</u>	<u>3.400</u>	<u>3.309</u>	<u>3.354</u>
Total				
Mean	15.196	16.036	16.255	15.845

Analysis of variance for Area 2 (confidential information revealed only when clear, imminent danger) did reveal a significant difference for experimental condition ($F = 3.564$; $df = 2/149$; $p < .004$). Further analysis of this difference (Scheffe's test; $\alpha = 0.10$ level) revealed that the E2 group scored significantly higher than the C group, although there were no significant differences between C and E1 groups or between E1 and E2 groups.

For Area 4 (confidential information released only with client's express permission), analysis of variance again revealed a significant difference for experimental condition ($F = 3.394$; $df = 2/149$; $p < .036$). Similarly, further analysis of this difference (Scheffe's test; $\alpha = 0.10$ level) revealed that the E2 group scored significantly higher than the C group, although there were no significant differences between C and E1 groups or between E1 and E2 groups.

Finally, race appeared as a significant variable for Area 3 (confidential information discussed only for professional purposes, not with family and friends) based on analysis of variance ($F = 5.864$; $df = 1/149$; $p < .017$). Further analysis of this difference (2-tailed t -test; $p < .008$) revealed that the ethnic minority group, with a mean score of 2.9667, scored significantly

lower than the white, non-hispanic group, with a mean score of 3.3366.

Group Trust Questionnaire

The distribution of mean GTQ scores according to experimental condition of subjects is shown in Table 4-4. Analysis of variance of the total score means by experimental condition indicated a significant difference ($F = 5.491$; $df = 2/149$; $p < .0005$). Further analysis (Scheffe's test; $\alpha = 0.10$ level) revealed that the mean of the E1 group was significantly lower than both the control group and the E2 group, while these last two groups did not differ significantly.

TABLE 4-4 MEAN GTQ TOTAL AND SUBSCALE SCORES ACCORDING TO EXPERIMENTAL CONDITION

SCALE	C (N=51)	E1 (N=55)	E2 (N=55)	TOTAL MEAN (N=161)
Self-Discovery	5.235	4.382	5.073	4.888
Expressiveness	<u>5.745</u>	<u>4.982</u>	<u>5.527</u>	<u>5.410</u>
Total Mean	10.980	9.364	10.600	10.304

Moreover, there was a significant two-way interaction for the variables of experimental condition and sex for total GTQ ($F = 4.029$; $df = 2/149$; $p < .020$). Table 4-5 shows the breakdown of means for experimental condition by sex. Further analysis, comparing the

subgroup (i.e., E1 males, E1 females, E2 males, etc.) mean scores to the total group mean scores for each experimental condition, indicated the significant interaction to be within the E2 group, wherein females scored significantly low ($t = 1.458$; $df = 27$; $p < .10$).

TABLE 4-5 MEAN GTQ TOTAL SCORES FOR EXPERIMENTAL CONDITION BY SEX

EXPERIMENTAL CONDITION	MALE	FEMALE	TOTAL MEAN
C	10.57	11.57	10.980
E1	9.25	9.52	9.382
E2	11.41	9.82	10.600
Total Mean	10.40	10.20	10.304

Separate analyses of variance across groups for both subscales of the trust questionnaire were completed. For the subscale Expressiveness, no significant differences were identified for main effects. However, there was a significant two-way interaction for the variables of experimental condition and sex ($F = 15.582$; $df = 2/149$; $p < .008$). Table 4-6 shows the breakdown of means for experimental condition by sex for this subscale. Further analysis, comparing the subgroup (i.e., E1 males, etc.) mean scores to the total group mean for each experimental condition, indicated the following: In the E2 group, males scored significantly high ($t = 2.107$; $df = 26$; $p < .025$); in the Control group, females scored significantly

high ($t = 1.707$; $df = 20$; $p < .05$) and males scored significantly low ($t = 1.452$; $df = 29$; $p < .10$).

TABLE 4-6 MEAN EXPRESSIVENESS SCORES FOR EXPERIMENTAL CONDITION BY SEX

EXPERIMENTAL CONDITION	MALE	FEMALE	TOTAL MEAN
C	5.30	6.38	5.75
E1	5.14	4.81	4.98
E2	6.04	5.04	5.53
Total Mean	5.48	5.33	5.41

For the subscale Self-Discovery, analysis of variance revealed a significant difference for main effect of experimental condition ($F = 4.143$; $df = 2/149$; $p < .018$). Further analysis of this difference (Scheffe's test; $\alpha = 0.10$ level) revealed that the E1 group scored significantly lower than the C group and the E2 group, with neither of the latter groups significantly differing from each other (see Table 4-4). This subscale of Self-Discovery, then, yielded statistical results in the same pattern as the total GTQ scores.

CHAPTER V

DISCUSSION

Summary

The importance of trust and confidentiality has been emphasized in the literature as critical to process and outcome of counseling; and it appears that clients typically implicitly expect disclosures to be kept confidential by counselors. Most of the research, however, has focused on adults (either as the providers or receivers of counseling services), and studies that have included minors have focused on individual client/counselor relationships outside the realm of the public school setting. Whether school counselors' direct address of the issue of confidentiality in counseling has any impact on students' knowledge and perceptions has remained relatively unexplored. Some research has suggested that verbal assurances are less important than the behavioral component. Additionally, research concerning the impact of variables of subjects' sex and race upon trust and self-disclosure in counseling has yielded inconclusive findings.

The purpose of the present study was to investigate whether subjects grouped by three independent variables

(experimental condition, subjects' sex and subjects' race) significantly differed on two dependent variables (knowledge of confidentiality and perception of group trust) in a sample of sixth-grade students who had a preexisting relation with their counselors through classroom guidance units. The experimental conditions addressed in small groups were the following: Counselors' verbal explanation regarding confidentiality, specifically, ethical responsibility and limitations (E1); the combination of counselors' explanation and members' role playing case situations (E2); and no exposure to the issue of confidentiality (C). Pretreatment data (subjects' attitude toward group environment) were also obtained to assess equivalence of groups prior to intervention (or to statistically correct for inequality of pretreatment groups if necessary).

Chapter I dealt with the need, purpose and rationale of the study, as well as specified research questions, defined relevant terms and described the organization of the remainder of the study. The research related to counseling confidentiality and trust was reviewed in Chapter II. Those two areas were examined in relation to self-disclosure, demographic and other variables, ethical standards, privileged communication, and case records. Other significant areas explored were group settings, minor clients, school counseling, and clients' expectations/counselors' assurances. The method of

research used in this study was addressed in Chapter III, including a description of the hypotheses, population, sample, criterion instruments, procedures, analyses of data, and methodological limitations. Analyses of the data were reported in Chapter IV.

Discussion of Results

Group Environment Questionnaire

Although the pretreatment assessment was not the primary focus of the present study, the results are of interest. For students who had participated in a structured program of classroom guidance units with their school counselor, no significant differences in attitude toward group environment were identified for sex of students (male/female) or race of students (white/ethnic minority). Additionally, the random assignment of students to experimental conditions by the researcher appeared to be adequate control for any individual variations in group attitude.

Child Confidentiality Questionnaire

As can be readily discerned from the data, this study did not generate support for H_{O2} --the hypothesis that no relationship would exist between the combination of counselors' explanations and members' role playing case situations about confidentiality and subjects' knowledge of confidentiality as measured by CCQ scores.

Statistical differences beyond the .05 level revealed that subjects who had no exposure to confidentiality issues by the counselor scored lower on the confidentiality questionnaire than subjects who had both a verbal explanation and an opportunity for enactment of case situations. Although H_{O1} --the hypothesis that no relationship would exist between counselor explanation about confidentiality and subjects' knowledge of confidentiality--was supported, it is noteworthy that total mean scores increased as the amount of exposure to and involvement with the concept of confidentiality increased. For subjects in this study, then, verbal explanation appeared to increase knowledge but was insufficient alone without the behavioral component of role playing. This is not inconsistent with previous research findings that verbal address of confidentiality may change clients' understanding (Davis, 1980; Meyer & Smith, 1977), yet real-life experiences may be even more important to minor clients' conception of confidentiality than verbalizations about it (Kobocow et al., 1983; Messenger & McGuire, 1981).

Similar results were evident for Areas 2 and 4 of the CCQ. Statistical differences beyond the .05 level revealed that subjects who had no exposure to confidentiality issues by the counselor scored lower than children who both heard an explanation and role played case situations. While the group receiving only a verbal

explanation did not score significantly different from either of these two groups, again total mean scores did increase as the amount of exposure to and involvement with the concept increased. Closer examination of these specific areas indicates that they directly relate to the ethical obligation of obtaining clients' express permission before revealing information disclosed to the counselor to others and to the limitation of counselors' responsibility to reveal confidentiality in cases of clear, imminent danger. This finding, regarding the restriction of gaining client permission and limitation on the amount of confidentiality that can be afforded, complements previous findings that, without clarification, clients may misinterpret some of the basic stipulates of counseling confidentiality (Edelman & Snead, 1972; Jagim et al., 1978; Meyer & Smith, 1977; Plaut, 1974; Woods, 1977).

This study did generate support for H_{O_3} --the hypothesis that no relationship would exist between subjects' sex and their knowledge of confidentiality as measured by CCQ scores. No significant differences were revealed between scores of males and females for the total confidentiality mean score or for any of the subarea mean scores. Most research regarding subjects' sex as a significant variable relate it to perception of trust and/or behavior of self-disclosure; very little is available in terms of studies of male and females

differing in their cognitive understanding of the concept of confidentiality. The current findings do, however, support previous research utilizing this same confidentiality instrument wherein no significant differences were found between males and females for total confidentiality scores and for four of the five subarea scores (Messenger & McGuire, 1981).

Regarding HO₄--the hypothesis that no significant relationship would exist between race and knowledge of confidentiality--the results are most interesting. As far as total mean score, no significant differences were evident for the two groups of subjects divided as ethnic minority and white, non-hispanic. Neither were significant differences evident for four of the five subareas. For Area 3, however, statistical differences beyond the .05 level revealed that ethnic minority subjects scored lower than white subjects. Because this area concerned information being discussed only for professional purposes, closer examination of the questions involved appears warranted. The four questions in this subarea explore the client's belief that the counselor should not reveal client self-disclosures to others such as parents and friends simply as a matter of course. One explanation may lie in the work of previous writers (Anderson & Ellis, 1980; Avila & Avila, 1980; McDavis, 1980; Sue, 1978, 1980) who conclude that various ethnic minority groups have very strong bonds with family

and friends, possibly much stronger than the relationship they develop with their counselor, especially initially. Thus, these minority subjects, who knew their school counselors through classroom group interactions, may have scored lower due to a belief that there is no valid reason to keep disclosure from family and friends. As no significant interaction effect was revealed between race and experimental condition, this belief was apparently not impacted by either counselors' explanation of confidentiality or members' role playing.

Group Trust Questionnaire

In light of the data analysis, H_{O5} --the hypothesis that no relationship would exist between counselors' explanation of confidentiality and subjects' perception of group trust--and H_{O6} --the hypothesis that no relationship would exist between the combination of counselors' explanation and members' role playing situations about confidentiality and subjects' perception of group trust--can be discussed together. H_{O6} was supported by this study while H_{O5} was not. Indeed, statistical difference well beyond the .05 level revealed that subjects who received only a verbal explanation scored lower than either those subjects with no exposure to confidentiality issues or those subjects who both received an explanation and participated in role playing. Similar results were apparent for the subscale of

Self-Discovery, wherein statistical differences beyond the .05 level revealed that the subjects with only a verbal explanation scored significantly lower than either of the other two groups.

Thus, subjects with an explicit explanation of confidentiality demonstrated a lower perception of group trust. Perhaps, cognitive awareness alone may have heightened defensiveness and suspiciousness in the subjects. Because counselors included an emphasis of limitations of confidentiality in their explanation, subjects' willingness to express themselves and self-disclose in the group decreased. The awareness of the limitations may thus have appeared as a "lack of guarantee" of counseling confidentiality, and previous studies have shown that the fear of unauthorized disclosures decreases self-disclosure (Meyer & Smith, 1977; Schmid et al, 1983). On the other hand, the control group, without any exposure to confidentiality issues, showed a significantly higher perception of group trust and willingness to express personal information than the El group. This is consistent with research findings that clients implicitly expect confidentiality in a counseling situation (Edelman & Snead, 1972; Meyer & Smith, 1977; Plaut, 1974), and counselor verbalizations alone do not necessarily significantly impact level of self-disclosure (Graves, 1982, Kobocow et al., 1983; Woods, 1977).

Finally, the combination of verbal explanation with role playing brought perception of group trust back up, significantly higher than explanation alone, so that scores here did not significantly differ from the control group (although the total mean score was still lower). One explanation is that members' role playing may have allowed subjects to experience the complexities of decision-making about maintaining or breaking confidentiality from the counselors' perspective. That is, the role playing allowed students to actually apply the stipulates which had been explained, so that defensiveness and suspiciousness was reduced. Another explanation is that within this group, the guidance sessions actually fostered self-disclosure. This explanation is supported by the observation that the majority of counselors reported that when leading this group session, the students tended to spontaneously disclose some extremely personal information regarding family, friends or selves about which the presented case situations reminded them. Consequently, there was greater willingness to express and self-disclose despite increased awareness of the limitations of confidentiality. It should also be noted that on several of the questionnaires of subjects in this group (and only in this group) unelicited comments were written in the margins stating that the participants had enjoyed their group experience.

In regard to H_{O7} --the hypothesis that no relationship would exist between subjects' sex and perception of group trust--an interesting pattern was apparent. In considering only subjects' sex as a main effect, this study supported the hypothesis of no relationship. A great deal of previous research has also identified no relationship between sex and self-disclosure (Cozby, 1973; Doster & Strickland, 1969; Plog, 1965; Vondracek & Marshall, 1971; Weigel, Weigel, & Chadwick, 1969).

Nonetheless, it should be noted that a statistical difference beyond the .05 level indicated a two-way interaction for the variables of experimental conditions and sex for both total group trust score and subscale Expressiveness score. In the experimental condition where role playing was performed in addition to the counselors' verbal explanation, females scored significantly low in general trust perception, yet males scored significantly high in subscale Expressiveness. Moreover, in the experimental condition which was a control, females scored significantly high in Expressiveness, while males scored significantly low. This finding leads back to the issue of implicit trust and factors which may affect it. Thus, without any address of confidentiality issues, females appear more implicitly trusting, which is not inconsistent with previous research that concludes females are more

self-disclosing than males (Dimond & Munz, 1967; Himelstein & Lubin, 1965; Hood & Back, 1971; Jourard & Landsman, 1960; Jourard & Lasakow, 1958; Jourard & Richman, 1963; Pederson and Breglio, 1968). On the other hand, given the opportunity to behaviorally enact situations in a small group, males' willingness to trust the group and express themselves to others increased, while females' willingness to self-disclose decreased. In this regard, then, the findings are not inconsistent with conclusions drawn by other researchers that males are more self-disclosing than females (Graves, 1982; Kobocow et al., 1983; O'Kelly & Schuldt, 1981; Rosen, 1977; Singer, 1978). Overall, findings from previous research regarding the impact of subjects' sex upon self-disclosure have been inconclusive, and the current research did not identify a main effect of sex on perception of group trust. The two-way interaction effect is, though, most significant in that the impact of subjects' sex may be highly situation specific.

Finally, this study generated support for H₀₈--the hypothesis that no relationship would exist between subjects' race and their perception of group trust. This is a most interesting finding in that previous researchers have concluded that ethnic minority groups are less likely to self-disclose (Dimond & Hellkamp,

1969; Franco & Levine, 1981; Jourard & Lasakow, 1958; McCormick, 1978).

Conclusions

It is recognized that there are certain factors which limit the generalizability of findings of the present study to all school counselors and their clients. Of major significance is reactivity to arrangements--that is, all participants, including counselors and pupils, were aware that the guidance sessions were part of a research project. Furthermore, all participation was voluntary. Counselors who volunteered could conceivably have different counseling skills and personality traits than those who did not; similarly, students who returned their parent permission forms might have differed in some respects from those who did not, the latter group being required out of necessity to drop out of the study.

Other factors concern the assessment instruments. While the pretreatment assessment was considered essential to appropriate data analysis by the researcher, and it differed from posttreatment assessment measures, its very administration may have sensitized subjects in some way to certain aspects of the guidance session or posttests which followed. As far as the assessment tools themselves, all data was obtained via questionnaires, and issues such as long-term retention or changes in overt behavior were not addressed.

Final, but very important, considerations relate to the restrictiveness of the sample chosen for this research project. All participants were in the sixth grade, so that generalizations to younger elementary or older secondary students should be made cautiously. Too, all subjects had a preexisting relationship with their school counselors through structured classroom guidance units. Consequently, there is hesitation in applying the findings to students without a similar background, for example, students with no previous contact with the counselor, students in concurrent individual and/or family therapy, students who have previously had some experience with another counselor, or students who have initiated contact with the counselor, seeking resolution of a personal conflict.

Keeping these factors in mind, some conclusions may be drawn in answer to the proposed research questions. School counselors' direct address of confidentiality in small group sessions does have an impact on students' knowledge of confidentiality and their perceptions of group trust. Results can be interpreted to mean that students evolve a conception of confidentiality gradually with increased exposure to and involvement with it. Children with no exposure may misinterpret some of the basic stipulates of confidentiality in the counseling relationship. This conclusion is underscored by the pattern of obtained scores on the subareas concerning

confidential information being released only with the client's express permission and the limitation of breaching confidentiality in the case of clear, imminent danger. In contrast, children appear to best internalize the concept of confidentiality when the exposure includes both a verbal and behavioral component; that is, role playing appears to reinforce the counselors' verbal explanation to enhance cognitive awareness.

Group trust appears to be a more sensitive area for students than knowledge of confidentiality. It is speculated that discussing counseling confidentiality, particularly its limitations, may increase awareness but simultaneously may increase concern about the impact of disclosing personal information. Thus, verbal discussion alone seems to raise defensiveness where students would have otherwise implicitly trusted the group and participated in a self-exploration process. The behavioral component, however, is a significant counter to this effect. Real-life experiences appear to be very important to children--more important than simply talking about an issue. Even simulated experiences appear to make a greater impact than abstract discussion alone. Thus, the opportunity to enact case situations faced by the counselor allows students to understand potential dilemmas from a counselor's perspective. While awareness alone may raise defensiveness, role playing allows better integration of the complexities of counseling

confidentiality so that willingness to disclose is not decreased and may indeed be enhanced.

In regards to students' sex, it does not appear to make much difference whether the child is male or female in terms of attitude toward group environment after classroom guidance sessions or knowledge of confidentiality after a directed guidance session. Generally speaking, students' sex does not affect their overall perception of group trust either. Results do suggest, though, that under highly specific situational conditions, sex can be an important variable. Without any direct address of confidentiality, female children may have a higher level of implicit trust and willingness to self-disclose. In contrast, for male children, role playing in a small group may be a most comfortable, even fun, method of self-expression. For females, role playing may seem somewhat threatening; while it does not affect their cognitive understanding, it may reduce willingness to express themselves.

Finally, in regards to race, whether students are in an ethnic minority or not does not seem to affect their initial group attitude or their perception of group trust after a directed guidance session. Moreover, race does not matter in overall understanding of the concept of confidentiality. The one area where it does seem to make a difference relates to sharing information only for professional purposes. While white, non-hispanic

students more closely conform to ethical codes stipulating that the professional should be very cautious in sharing client disclosures, ethnic minority student do not seem to be as concerned with this restriction. Rather, bonds with family and friends appear so important that, even after instruction and role playing, minority students perceive that family and friends may have access to disclosure without violating client confidentiality.

Implications

Considering the data from this study, a number of important implications are apparent. As suggested by the ethical standards of various helping professions, this research does support the need to directly address the issue of confidentiality with clients. Without it, they may misinterpret some of the basic stipulates. Were a situation to arise that necessitated breaking a confidence and the child had not been forewarned of such a possibility, the effect on future therapy may be devastating. Thus, the benefits of addressing in detail the limits of confidentiality seem to outweigh potential difficulties.

Implications for practitioners are specific. If the ethical code of school counselors stipulates that they should inform counselees of "rules of procedure . . . at or before the time when the counseling relationship is entered" (ASCA, 1984, p. 7) including possible "legal or

authoritative restraints," what then is the best approach to take? The finding that children gradually evolve a conception of confidentiality with increased exposure to and involvement with it, plus the finding that verbal discussion alone may decrease willingness to disclose, adds credence to the importance of a behavioral component. Having students role play case situations to reinforce counselors' verbal explanation appears to be the optimal method. While verbal discussion might meet the counselor's ethical responsibility, it does not appear to be sufficient alone to allow students to internalize the complexity of confidentiality issues.

It is important to recognize that for the case situations which were role played, no "right" or "wrong" answers were supplied. Rather, the students were asked to make a decision whether to maintain or breach confidentiality using the stipulates which had been explained for a rationale. It is stressed that the essential factor was involvement in application of the concept--not agreeing with a preexisting counselor opinion.

This research also demonstrates that use of small group sessions is an adequate, time-efficient way to reach a large number of students. Pupils from an entire class may all participate in separate small group sessions without significant disruption in classroom routine.

The finding that students' sex or race did not have a main effect on group environment attitude, overall knowledge of confidentiality, or perception of group trust suggests that counselors should not be overly concerned with whether students with whom they are working are male or female, white or ethnic minority. The present research adds credence to the practice that one can cross demographic and cultural variables to provide effective services to clients regardless of sex or race.

Counselors should, however, be sensitive to some highly specific situational differences. The finding that role playing may decrease expressiveness in females while it fosters expressiveness in males suggests that counselors may need to handle this aspect differently for boys and girls. Thus, even though role play along with discussion has been found to be the most effective approach to explaining confidentiality, girls may require more time and encouragement to feel comfortable with role play.

The finding that ethnic minority students may be less conforming on the specific subarea of not sharing client disclosures to others such as family and friends suggests counselors should be cognizant of differing values. It is not expected that counselors would impose their values. Still, awareness may help avert future misunderstandings in work with minority students.

Furthermore, when leading small group counseling sessions, the counselor may want to emphasize this stipulate to minority students so that they do not misinterpret group norms to mean that it is acceptable to talk about group members' disclosures to others outside the group.

Taken a step further, from practice to training, several additional implications are apparent. At the university level, future counselors should clearly study the issue of confidentiality with its ethical responsibilities and limitations. It is too important a concept to be left to chance, to be considered to be implicitly understood, or to be cursorily addressed in an introductory overview course. As there would likely be no course focused solely upon counselor ethical codes, this topic should be sufficiently studied in a course of professional concerns.

This research also indicates that future counselors should be skilled in group work as part of their comprehensive package of services. As most institutions do require at least one course in groups, the current findings highlight the importance of role play as an essential group technique to be developed. It is also an essential responsibility of counselor educators, either through course work or supervision, to make sure that future counselors are sensitive to value differences in their clients due to sex or race, although the current

findings do not suggest this is a particularly critical area of concern.

Outside the university level, similar implications apply to supervisors of practicing counselors. Staff development opportunities--with sufficient motivation to attend and participate--should be offered in order for counselors to expand their knowledge (e.g., the new ASCA guidelines), increase their skill (e.g., group techniques such as role playing), and share their experiences (e.g., previous confidentiality dilemmas).

Recommendations for Further Research

Based on the results of this study, recommendations for further research seem warranted. The following studies are, therefore, suggested for use in conducting research in the area of child-client confidentiality.

1. A longer-range study appears appropriate to clarify issues of retention of information and differences in perception after time. One possibility is to conduct this confidentiality guidance session prior to initiation of the classroom guidance units. Then, after the six structured units, data could be obtained regarding knowledge of confidentiality and perception of group trust.

2. Larger units of subjects might be considered to explore the efficacy of the confidentiality guidance session as a classroom unit. Thus, instead of one class

being randomly divided into thirds, each counselor would work with three classrooms, each one receiving a different experimental condition.

3. Investigation of the applicability of the present guidance session to students in small group counseling other than the classroom developmental units appears warranted. Students in more intimate small group counseling (i.e., personal crisis, social skills, problem solving or personal growth) could be the subjects.

4. While it would certainly be more time-consuming, replication of the present study with children in individualized sessions may yield interesting results. Modifications would be necessary in that case situations would be role played by the counselor and student only, and posttreatment assessment would have to measure counselor trust rather than group trust in addition to knowledge of confidentiality.

5. The current study could be replicated without reliance on volunteers and with higher numbers of participants. That is, the research could be implemented as part of a district-wide project, so that all elementary counselors attended a training session and implemented the confidentiality guidance session.

6. Similar research could be extended to other grade levels. A study could focus on either younger or older students, or one could be conducted comparing subjects in various grade levels, such as primary

elementary, intermediate elementary, junior high and senior high.

7. It is possible that some populations of children may react to experimental conditions quite differently than children in this sample who were all in regular sixth-grade classes. Replication studies using different populations of children, such as hospital in-patients, children in group homes, and students in exceptional education schools, appear appropriate.

8. Investigation could focus not only on experimental conditions, sex and race as variables but on the counselor who implements the sessions as well. One option is to incorporate, as part of pretreatment assessment, a counselor personality questionnaire or attitude survey.

9. It might be interesting to utilize counselors as subjects and note differences in knowledge of confidentiality and perception of trust as functions of attending a training session such as the one described in this project. An alternate idea is to have counselors answer the confidentiality and trust questionnaires as they believe their students should perceive a counseling experience. Comparison of counselor and student responses may distinguish areas of misunderstanding of which the counselor was previously unaware.

10. Similarly, teachers and/or parents could complete the confidentiality questionnaire as they

believe their children perceive the counseling relationship. These scores could in turn be compared to the scores of counselors and/or students. Such a study would have important implications for the school counselor and may give insight into the perceptions of significant others when the client is a minor.

11. Utilization of different posttreatment assessment methods may yield valuable information not obtained through the present questionnaires. One possibility is to utilize a questionnaire asking for personal disclosures in low, medium and high levels of intimacy; subjects would be assessed on their willingness to self-disclose responses. Another possibility, since the behavioral component was found to be important in treatment, is to utilize a behavioral assessment method, such as tape recording segments of later group sessions and having independent judges rate the tapes for level of self-disclosure. Another option is to assess different variables important in group process besides trust, for example, independence, anger/aggression, or task orientation.

12. Additional research may investigate whether the guidance session unit utilizing role playing may be improved. Instead of these three experimental conditions, other conditions may include role playing prior to and after explanation, two or more sessions on the topic of confidentiality, direct address of the topic

of trust, or involvement of significant others in the groups, such as parents, teachers and/or school administrators.

13. Race and sex may be investigated as significant variables not only for subjects but for the counselor and the classroom teacher as well. In such a study, interaction effects might be particularly interesting.

14. Subject variables besides sex and race may be studied. Knowledge of confidentiality and perception of group trust could be assessed in relation to variables such as concurrent academic grades, scores on standardized achievement tests, previous or concurrent counseling experience, and/or present family constellation.

Summation

Studies by other investigators which have explored the issue of confidentiality in counseling have focused largely on adults. Studies which have included children have focused on individualized counseling relationships outside the school system and have not examined the impact of a direct address of confidentiality with minor-clients. Using a posttest only, control-group design, the current study attempted to explore sixth-grade students' knowledge of confidentiality and perception of group trust as functions of counselors' verbal explanation and the combination of explanation and members' role playing. Variables of subjects' sex and

race were also investigated.

Results of this study indicate that students gradually evolve a conception of confidentiality that is consistent with professional guidelines as they become more involved with it. Thus, a behavioral component, that is, role playing, is important. Results also emphasize that a verbal explanation alone may increase defensiveness and reduce willingness to disclose. Finally, while sex and race were not significant variables overall, they may be situation specific, so that counselors do need to be aware of individual differences.

Such results have important implications for theory, training, practice and future research. This study supported the need to directly address confidentiality with minor-clients, as otherwise they may misinterpret some of its basic stipulates. Moreover, an optimal approach--one involving behavioral as well as verbal aspects--is suggested to accomplish this. Practicing and future counselors need to be aware of ethical guidelines and need to have adequate skills in group work, particularly role play techniques. Future studies may address replication of the procedures with different populations, with additional independent variables, or with different assessment approaches, or may address variations wherein significant others, such as counselors, teachers or parents, are the subjects.

APPENDIX A
STUDENT LIST

School _____

Counselor _____

	<u>First Name</u> (and Last Initial if necessary)	<u>Sex</u>		<u>CHECK ONE</u>		<u>Race</u>	
		Male	Female	Ethnic Minority	White		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							

APPENDIX B

CHILD CONFIDENTIALITY QUESTIONNAIRE

Code Number _____

- | | | | | |
|-----|-----|--|-----|----|
| (1) | 1. | It is part of your counselor's job to keep things secret that you ask him/her to? | YES | NO |
| (A) | 2. | Is it part of your teacher's job to give you homework? | YES | NO |
| (4) | 3. | Should your counselor get your permission before he/she tells another person something you told him/her? | YES | NO |
| (D) | 4. | Should you have to help clean the classroom, even if you are not the one who made it messy? | YES | NO |
| (3) | 5. | Do you think your counselor is supposed to talk to his/her friends about what you say? | YES | NO |
| (B) | 6. | Do you think your teacher is supposed to make school fun even if you don't like it? | YES | NO |
| (2) | 7. | Suppose your counselor thought that there was an emergency and that telling another person what you said would help you best. Should he/she tell the person? | YES | NO |
| (C) | 8. | If your teacher really cares about you, is it OK if he/she gives you hard work? | YES | NO |
| (5) | 9. | Is your counselor supposed to tell you which things he/she cannot keep secret from other people? | YES | NO |
| (B) | 10. | Is your principal supposed to paddle those students who are behavior problems? | YES | NO |
| (1) | 11. | Do you think your counselor keeps your secrets as well as he/she would keep a grown-up's secrets? | YES | NO |
| (A) | 12. | Do you think more time should be spent in P.E. than in Reading? | YES | NO |

- | | | | |
|---------|---|-----|----|
| (3) 13. | Is it part of your counselor's job to keep your secrets from other people, like your parents? | YES | NO |
| (C) 14. | Is it part of your teacher's job to help you solve problems? | YES | NO |
| (2) 15. | If you told your counselor something you were going to do to hurt someone else, do you think he/she should keep that a secret? | YES | NO |
| (D) 16. | If you told your teacher something private, should he/she tell someone else as long as it is a good friend? | YES | NO |
| (5) 17. | Suppose your counselor has to tell your parents certain kinds of things. Should he/she let you know first so you can keep some secrets to yourself? | YES | NO |
| (A) 18. | If your teacher thought you were being bad, should he/she let you know first so you can change your behavior before you get a bad mark? | YES | NO |
| (4) 19. | If your parents wanted your counselor to tell your teacher something, but you didn't want him/her to, do you think he/she is supposed to tell anyway? | YES | NO |
| (D) 20. | If you forget to study, is it OK to make a bad grade sometimes? | YES | NO |

***** HALF-WAY!! *****

- | | | | |
|---------|---|-----|----|
| (2) 21. | If you told your counselor something just a little bad that you did, do you think he/she is supposed to keep that a secret? | YES | NO |
| (B) 22. | Is your teacher supposed to help you with your homework? | YES | NO |
| (5) 23. | Should your counselor tell you whether or not he/she can keep your secrets before you talk to him/her? | YES | NO |
| (A) 24. | If you do an extra good job on a test, should you get something extra, like free time? | YES | NO |

- | | | | |
|---------|--|-----|----|
| (3) 25. | Do you think your counselor is supposed to tell other people what you said in counseling if they ask him/her? | YES | NO |
| (B) 26. | Do you think it is OK to ask a friend to help you do homework, as long as he/she does not do it all for you? | YES | NO |
| (1) 27. | Are you sometimes afraid to tell some things to your counselor because he/she may not keep them secret? | YES | NO |
| (D) 28. | Do you think it is bad to hit someone at school, even if he/she hit you first? | YES | NO |
| (4) 29. | If you didn't want other people to know about what you said in counseling, do you think your counselor would tell them anyway? | YES | NO |
| (B) 30. | Do you think you should be able to talk in the lunchroom and in the halls at school? | YES | NO |
| (3) 31. | Should your counselor make sure your parents know the things you tell him/her just because they want to know? | YES | NO |
| (A) 32. | Is it part of your job to help clean up the classroom, even if someone else made it dirty? | YES | NO |
| (1) 33. | Is your counselor supposed to talk with you about things you don't want anyone else to know about? | YES | NO |
| (C) 34. | Should your teacher make sure you have homework every night? | YES | NO |
| (5) 35. | Should your counselor let you know if some things you say cannot be kept secret? | YES | NO |
| (D) 36. | If you don't want your friends to know your grade on a test, should your teacher tell them anyway? | YES | NO |

- | | | | |
|---------|---|-----|----|
| (2) 37. | If he/she really think he/she is helping you stay out of trouble, is it OK for your counselor to tell your parents what you said in counseling? | YES | NO |
| (D) 38. | If you are really having trouble with a test, is it OK to ask the teacher for help? | YES | NO |
| (4) 39. | If your parents ask your counselor what you talked about, should he/she tell them if you don't want him/her to? | YES | NO |
| (B) 40. | If you asked a friend to help you with your homework, would your teacher think that was OK? | YES | NO |

SCORING SHEET FOR
CHILD CONFIDENTIALITY QUESTIONNAIRE

Area 1 _____

Area 2 _____

Area 3 _____

Area 4 _____

Area 5 _____

TOTAL _____

APPENDIX C

QUESTIONS BY AREA OF CONFIDENTIALITY

	YES	NO
<u>Area 1</u>		
The psychologist's responsibility to safeguard information:		
1. Is it part of your counselor's job to keep things secret that you ask him/her to:	1	0
2. Is your counselor supposed to talk with you about things you don't want anyone else to know about?	1	0
3. Are you sometimes afraid to tell some things to your counselor because he/she may not keep them secret?	0	1
4. Do you think your counselor keeps your secrets as well as he/she would keep a grown-up's secrets?	1	0
<u>Area 2</u>		
Information revealed only when clear, imminent danger:		
1. If you told your counselor something you were going to do to <u>hurt</u> someone else, do you think he/she is supposed to keep that a secret?	0	1
2. Suppose (pretend) your counselor thought there was an emergency and that telling another person what you said would help you best. Do you think he/she should tell the person?	1	0
3. If you told your counselor something just a little bad you did, do you think he/she is supposed to keep that a secret?	1	0
4. If he/she really thinks he/she is helping you to stay out of trouble, is it OK for your counselor to tell your parents what you tell him/her?	1	0

YES NO

Area 3

Information discussed only for professional purposes:

- | | | |
|--|---|---|
| 1. Is it part of your counselor's job to keep your secrets from other people, like your parents? | 1 | 0 |
| 2. Do you think your counselor is supposed to talk to his/her friends about the things you tell him/her in secret? | 0 | 1 |
| 3. Do you think your counselor is supposed to tell other people what you said in counseling if they ask him/her? | 0 | 1 |
| 4. Should your counselor make sure your parents know the things you tell him/her just because they want to know? | 0 | 1 |

Area 4

Necessity of obtaining client's express permission:

- | | | |
|--|---|---|
| 1. If your parents ask your counselor what you talked about, should he/she tell them if you don't want him/her to? | 0 | 1 |
| 2. Should your counselor get your permission before he/she tells someone else something you told him/her? | 1 | 0 |
| 3. If your parents wanted your counselor to tell your teacher something but you didn't want him/her to, do you think he/she is supposed to do it anyway? | 0 | 1 |
| 4. If you didn't want other people to know about what you said in counseling, do you think your counselor would tell them anyway? | 0 | 1 |

YES NO

Area 5

The psychologist's responsibility to explain limits of confidentiality:

- | | | |
|---|---|---|
| 1. Is your counselor supposed to tell you what things he cannot keep secret from other people? | 1 | 0 |
| 2. Should your counselor tell you whether or not he/she can keep your secrets before you talk to him/her? | 1 | 0 |
| 3. Suppose (pretend) your counselor has to tell your parents certain kinds of things. Should he/she let you know that first so you can keep some secrets to yourself? | 1 | 0 |
| 4. Should your counselor let you know if some things you say cannot be kept secret? | 1 | 0 |

APPENDIX D

GROUP ENVIRONMENT QUESTIONNAIRE

Code Number _____

- | | | |
|---|------|-------|
| 1. There is a feeling of unity and cohesion (togetherness) in this group. | TRUE | FALSE |
| 2. The leader spends very little time encouraging members. | TRUE | FALSE |
| 3. There is very little group spirit among members. | TRUE | FALSE |
| 4. The leader goes out of his/her way to help members. | TRUE | FALSE |
| 5. There is a strong feeling of belongingness in this group. | TRUE | FALSE |
| 6. The leader doesn't know the members very well. | TRUE | FALSE |
| 7. Members of this group feel close to each other. | TRUE | FALSE |
| 8. The leader explains things to the group. | TRUE | FALSE |
| 9. Members put a lot of energy into this group. | TRUE | FALSE |
| 10. The leader helps new members get acquainted with the group. | TRUE | FALSE |
| 11. A lot of members just seem to be passing time in this group. | TRUE | FALSE |
| 12. The leader takes a personal interest in the members. | TRUE | FALSE |
| 13. The members are very proud of this group. | TRUE | FALSE |
| 14. The leader doesn't expect much of the group. | TRUE | FALSE |
| 15. This is a rather apathetic (uncaring) group. | TRUE | FALSE |
| 16. The leader tells members when they're doing well. | TRUE | FALSE |

17. The group is a good place to make friends. TRUE FALSE
18. Members can count on the leader to help
them out of trouble. TRUE FALSE

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APPENDIX E
GROUP TRUST QUESTIONNAIRE

Code Number _____

- | | | |
|---|------|-------|
| 1. When members disagree with each other, they usually say so. | TRUE | FALSE |
| 2. Personal problems are openly talked about. | TRUE | FALSE |
| 3. It's hard to tell how members of this group are feeling. | TRUE | FALSE |
| 4. Members are expected to keep their personal hang-ups out of the group. | TRUE | FALSE |
| 5. Members often say the first thing that comes into their minds. | TRUE | FALSE |
| 6. Members sometimes tell others about their feelings of self-doubt. | TRUE | FALSE |
| 7. Members show a good deal of caution and self-control in the group. | TRUE | FALSE |
| 8. Members sometimes talk about their dreams and ambitions. | TRUE | FALSE |
| 9. Members tend to hide their feelings from one another. | TRUE | FALSE |
| 10. Members hardly ever discuss really private things. | TRUE | FALSE |
| 11. It's OK to say what ever you want to in this group. | TRUE | FALSE |
| 12. Members' religious beliefs are never discussed in this group. | TRUE | FALSE |
| 13. There is a lot of spontaneous (open) discussion in this group. | TRUE | FALSE |
| 14. Members can discuss family problems in the group. | TRUE | FALSE |
| 15. Members are careful about what they say. | TRUE | FALSE |
| 16. In this group, you can find out what other people think of you. | TRUE | FALSE |

- | | | |
|--|------|-------|
| 17. People here think things out before saying anything. | TRUE | FALSE |
| 18. This group is a good place to "let off steam." | TRUE | FALSE |

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APPENDIX F

TRAINING SESSION FOR COUNSELORS

Purpose: To familiarize counselors with the structured guidance session and provide an opportunity for practice of the standard instructions and sequence.

Materials needed: Copies of Guidance Session Units (Appendix H); chalkboard and chalk.

Approximate time required: One hour.

Preparation: Prior to the training session, counselors will have received a packet of materials including a description of the research design a sample parent permission form for review, and a Student List (Appendix A) to have completed.

Procedures:

- I. The researcher will distribute the copies of the Guidance Session Units. As the counselors review this, the researcher will explain in general terms the three experimental conditions, using the chalkboard for graphic representation.
- II. The researcher will role play the school counselor entering the classroom and explaining to students that the class will be divided up into small groups for one more session and distributing the parent permission form letters with an explanation to students.

- III. The researcher will role play the group leader while the counselors act as group members. Throughout, the Guidance Session Units will be followed closely. Each counselor will then take a turn as the group leader, with various sections being practiced.
- IV. Deviations from the written unit will be identified and correctly practiced. Any counselor questions will be answered.

APPENDIX G
PARENT PERMISSION FORM



ORANGE COUNTY PUBLIC SCHOOLS

Student Services/Exceptional Education/Psychological Services 200 S. Dolanway Ave., Orlando, Florida 32801

Dear Parent/Guardian:

As you may know, your child's classroom has participated in a six-week structured guidance unit led by the school counselor. Now, the class will be broken down into smaller groups for one more session focusing on a school-related topic. The purpose of the additional session will be to research the relationship between the school counselor. All students will take a brief questionnaire prior to the small group and another questionnaire after the group. The questionnaires will be used only to collect information about the counseling relationship and will be destroyed thereafter. Throughout this project, each student will remain anonymous through the use of code numbers, and individual results will not be available.

This project has been approved for Orange County Schools by the Department of Program Evaluation and the Coordinator of Guidance. The results of the research are expected to benefit counselors in future work with students. Pupils will benefit from the experience through better understanding of the counselor's role and through the opportunity to develop new social skills! (There will be no monetary compensation.)

If you give your consent, please sign and have witnessed one copy of this letter and return it to the school counselor. You may keep the other copy for your records. You and/or your child are free to withdraw consent and to discontinue your child's participation in the project at any time without prejudice.

If you have any questions, please contact me at 293-6252 or 423-9231.
Thank you for your cooperation.

Charlene Messenger-Ward
School Psychologist

Date

I HAVE READ AND I UNDERSTAND THE PROCEDURE DESCRIBED ABOVE. I AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE PROJECT AND I HAVE RECEIVED A COPY OF THIS DESCRIPTION.

Signature

Relationship to Child

Date

Witness Signature

Date

GB0037

APPENDIX H
GUIDANCE SESSION UNITS

Experimental Group 1

Purpose: To instruct students about the meaning and limitations of confidentiality in a counseling relationship.

Materials: Chalkboard and chalk or large pad and markers.

Approximate time: 30 minutes.

Procedures:

- I. Introduction. State: "Today we need to break up our teams so that we could do something a little different. You will be with some people who were not in your other teams, so we'll get used to some new people in the group." Briefly ask for oral recall of previous class sessions.
- II. Discussion. State: "One thing we did not talk about in our class groups is this word." Write the word confidentiality on the board or pad. Facilitate discussion as to what they think it means.

Then state:

In our class groups, we did not talk about too many really private or personal things, although we did talk about our feelings sometimes. There are times when people talk to their counselor, though, when they want things kept secret. Usually that is when they might need some help on a problem and don't want other people to know about it. Can you think of anything kids your

age might think is a kind of problem they don't want a lot of people to know about?

Facilitate brief discussion. Give examples such as failing at school or divorce at home if necessary to get the discussion started.

State:

There might be a time even when someone in this group wants to talk to me or to another counselor about something kind of personal. So that you will know more about it, I want to teach you a little more about this word 'confidentiality.'

List each of these three "rules," stopping after each one to explain it briefly and answer any questions.

1. It is my job to make sure that the things people say to me in counseling are kept secret. [Area 1]
2. I will not repeat the things someone says in counseling to other people who do not need to know about it. [Area 3]
3. If I do want to talk to someone else about the things you said in counseling, I should ask your permission first. [Area 4]

Facilitate discussion about a time each member kept a secret of someone else's--why they did, what it felt like. After making certain that students understanding this concept, state:

You know there are exceptions to every rule. Just like in Spelling. You learn a spelling rule and then find out there are times that words don't follow the rule. So about this confidentiality, we have to add two more things.

Add to the list, with appropriate explanation and discussion:

4. It is my job to let you know if something that is said in counseling cannot be kept secret for any reason. [Area 5]
5. I will break a secret if there is real danger, or an emergency, or I think someone will get hurt. [Area 2]

Facilitate discussion of a time students might have broken a secret because they were helping someone or maybe kept a secret but it ended up being the wrong thing to do.

- III. Closure. Review the term and five "rules" and answer any questions. Request students not to discuss the group with anyone else back in the classroom.

Experimental Group 2

Purpose: To instruct students about the meaning and limitations of confidentiality in a counseling relationship; and to facilitate role playing of case situations to reinforce this concept.

Materials: Chalkboard and chalk or large pad and markers; index cards with case situations written on them (Appendix I).

Approximate Time: 30-35 Minutes.

Procedures:

- I. Introduction: Same as E1.
- II. Discussion: Same as E1, except limit student discussion. Instead of each student sharing an example or two, have only one or two members talk. Then state: "Now try to remember these rules while we pretend that certain things happen." Read situations from index cards and ask for volunteers to play the various roles of counselor, teacher, parent, principal. For each case, go back to the stipulates for confidentiality listed as "rules" and have students tell what the counselor should do--keep or break the confidentiality? Have students use the list to give a rationale for counselor behavior.
- III. Closure: Same as E1.

Control Group

Purpose: To review previous six sessions related to study habits and facilitate self-exploration of what students might do differently as a result of participation in the sessions.

Materials: Chalkboard and chalk or large pad with markers.

Approximate Time: 30 minutes.

Procedure:

- I. Introduction: Make the same opening statement as E1 but do not ask for recall.
- II. Discussion: Introduce a "brainstorming" game, asking students to recall as many of the activities as possible from the class sessions. List these as students name them. Facilitate a similar list of "Things I Learned," which can include new vocabulary words, study skills, interpersonal skills, etc. Then show the first chart to students and ask them to vote on which are the most important activities. Go through the list three times, with each student getting one vote each time, so that the most important activities are identified by the most votes. Allow discussion of why people voted the way they did. Then show the second chart. Ask students to select which thing they learned that was most important to them and why (what made it important). Each student takes a turn talking about his/her selection. Ask students: "If I was going to do this again with a different class, what would you advise me? What things should I do the same? What different?"

- III. Closure: Briefly review the most important activities, the things students said they learned and recommendations for next time. Request students not to discuss the group with anyone else back in the classroom.

APPENDIX I

CASE SITUATIONS FOR ROLE PLAYING

- I. A girl is in a group like this one, and the students are talking about their families. Some people are happy with their family and some are not. The girl says she hates her father and wishes her parents would get divorced, so she could just live with her mother.

Later the girl's parents come into school for a conference with the teacher. They ask the counselor to come in. Then they ask the counselor what the girl said in counseling. They say they want to know because the girl is starting to make bad grades in school.

What should the counselor do?

- II. A boy is talking to the counselor. He says he does not have any friends and is mad about it. He is really mad at one boy who teases him. He says he is going to beat him up at recess. The boy tells the counselor he even brought a pocket knife to school so that when they fight, he can win.

No one comes to the counselor and asks what the boy said. Everyone is just in their own room. Only the counselor knows what the boy said.

What should the counselor do?

APPENDIX J

STANDARD INSTRUCTIONS FOR SUBJECTS

Initial Instructions

Hi! My name is Charlene Messenger-ward, and I want to tell you about our project today! First of all, do you know how many elementary schools there are in Orange County? (67) This class is one class in only eight schools that get to participate in this project! Mostly, we want to find out what students your age think about school, and your counselor, and things like that.

Remember your counselor talked with you about the small groups you had for study skills? Today we are going to do something like that. First, we will answer some questions about what you think about the groups you already did. Do not mark on this paper until I tell you (pass out the GEQ). Now take your name off the paper so no one will know whose answers are whose. No one else but me will see your answers. That way, you can be as honest as you want about your opinions.

Now I will ready each item and you mark your answer with an X. Mark "True" if you think the statement is true or mostly true of the group. If you think the statement is false or mostly false of the groups, make an X on the word "False." Please be sure to answer every item. I will repeat any that you wish if you raise your hand.

Posttreatment Instructions

Welcome back from your group! Some of you look like you really enjoyed it. Now we are going to answer some more questions like the ones before, only this will be a little longer. You still mark your answers with an X after I read you each statement. When we are all through, you will get a little reward for your participation (show sticker or coupon).

Most of these questions are about your teacher or counselor. Some of the things may sound alike but just answer them anyway. Remember it is all your own opinion, and your name is not on the sheet. Try to answer everything honestly, because no one else at the school, nor your parents, will see your answers.

Try to think if the groups you had with your counselor today can help you answer the questions better. Remember to answer every question, and I will repeat any you wish if you raise your hand (pass out GTQ and CCQ).

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BIOGRAPHICAL SKETCH

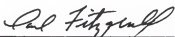
Charlene Messenger-ward is the daughter of Glenn H. and Marie L. Messenger of Satellite Beach, Florida. She was born on October 6, 1956, at Fort Dix, New Jersey. She attended public school in Brevard County, Florida, and through advanced examinations and early college entrance, was awarded her Associate of Arts degree simultaneously with her high school diploma. She earned a Bachelor of Arts degree, summa cum laude, in special and elementary education from University of South Florida, Tampa, and a Master of Science degree, summa cum laude, in community psychology from University of Central Florida, Orlando, in 1978.

In the fall of 1978, Charlene was hired by the Orange County Public School as a school psychologist where she served in an itinerant capacity for several years. She then accepted responsibilities of a full-time position at a self-contained exceptional school which offered the opportunity to provide assessment, consultation and therapy services for children with severe learning disabilities and emotional handicaps. In early 1980, she married William (Mike) Ward, and for the past several years, each has been both a full-time employee and student.

Charlene was accepted into the doctoral program in counselor education at the University of Florida, Gainesville, in August 1982, with her specialization area in group work; she became a candidate for the Doctor of Philosophy degree in October 1983. She is presently a member of numerous national, state and local professional organizations for counselor educators, school psychologists, group work specialists, exceptional educators, and mental health and school counselors. Additionally, she serves on the executive board of the Orange County Association for Counseling and Development, on the research committee for Florida Association of School Psychologists, and on the Orange County psychologists' committee for the emotionally handicapped.


Hopes for the future include the continued close relationship with her husband as well as beginning of a family together. Charlene strives to integrate the professions of counseling and psychology and would like to expand her role into consultation with both private organizations and public systems and to assist and teach newcomers to the profession at an institution of higher education. Personal growth of others has always been important and meaningful, so that bringing knowledge and skills to others, while at the same time maintaining some direct contact with children and adolescents, would be most rewarding.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



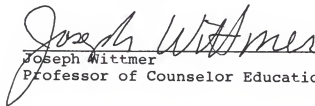
Paul Fitzgerald, Chairperson
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Hannelore Wass
Professor of Foundations of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Joseph Wittmer
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This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate School, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August 1984

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